#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,601

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

PLACER COUNTY	SUMMARY OF SERV	/ICES FOR CASH GRANT -	AGED	AID CODE	10		
					MON	ITHLY AVERA	GE
9,800 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
·		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	7,489	225,954 \$	3,451,242.56	\$ 15.27	23.057 \$	460.84	
@PHYSICIANS SERVICES	1,348	3,911 \$	63,582.65	\$ 16.26	.399 \$		
	170	212		29.72	.022	37.07	.64
OUTPATIENT VISITS			6,301.59				
OFFICE VISITS	161	201	5,529.26	27.51	.021	34.34	.56
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	12	11	772.33	70.21	.001	64.36	.08
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	16	35	1,088.31	31.09	.004	68.02	.11
	15	34					
HOSPITAL VISITS			1,088.31	32.01	.003	72.55	.11
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	1	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	7	7	266.84	38.12	.001	38.12	.03
EXAMINATIONS	7	7	266.84	38.12	.001	38.12	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	3	127.35	42.45	.000	42.45	.01
PRINCIPAL SURGEON	3	3	127.35	42.45	.000	42.45	.01
	0	0	.00		.000	.00	.00
ASSISTANT SURGEON				.00			
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	19	31	2,595.32	83.72	.003	136.60	.26
PRINCIPAL SURGEON	17	22	2,254.04	102.46	.002	132.59	.23
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	9	341.28	37.92	.001	113.76	.03
DIALYSIS	5	14	2,108.46	150.60	.001	421.69	.22
PATHOLOGY	28	46	599.91	13.04	.005	21.43	.06
RADIOLOGY	63	96	6,813.93	70.98	.010	108.16	.70
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
	7	9	127.87	14.21	.001	18.27	.01
IMMUNIZATION AND INJECTION	· · · · · · · · · · · · · · · · · · ·	_					
OTHER SERVICES/ALL X-OVERS	1,168	3,458	43,553.07	12.59	.353	37.29	4.44
@PHARMACY	6,663	121,065 \$	1,784,543.72	\$ 14.74	12.354 \$		•
PRESCRIPTION DRUGS	6 , 527	25,492	1,726,840.98	67.74	2.601	264.57	176.21
SNF/ICF	288	1 , 755	101,033.29	57.57	.179	350.81	10.31
OUTPATIENTS	6 , 270	23 , 737	1,625,807.69	68.49	2.422	259.30	165.90
MEDICAL SUPPLIES	734	95 , 573	57,702.74	.60	9.752	78.61	5.89
@DENTIST	322	1,184 \$	61,073.70	\$ 51.58	.121 \$	189.67	\$ 6.23
VISITS - DIAGNOSTIC	192	706	8,945.05	12.67	.072	46.59	.91
ORAL SURGERY	44	115	5,315.55	46.22	.012	120.81	.54
DRUGS	1	1	25.00	25.00	.000	25.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	18	19	2,030.10	106.85	.002	112.78	.21
ENDODONTICS	14	20	4,754.25	237.71	.002	339.59	.49
RESTORATIVE DENTISTRY	59	155	10,546.25	68.04	.016	178.75	1.08
PROSTHETICS	7	7	230.00	32.86	.001	32.86	.02
DENTURES, STAYPLATES	87	150	29,227.50	194.85	.015	335.95	2.98
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	9	11	.00	.00	.001	.00	.00
WIL OIDER SERVICES	9	Т.Т	.00	.00	.001	.00	.00

PLACER COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,602

MOP024 FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

03/14/05

----- MONTHLY AVERAGE -----
OR DAYS OF CARE

OR DAYS OF CARE

11,508.20 \$ 21.35 .055 \$ 54.28 \$ 1.17

35 36 1,513.65 42.05 .004 43.25 15

145 416 7,623.33 18.33 .042 --
3 7 9 ### OPPOMENTED
ON DATS OF CAME
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O 9,800 ELIGIBLES USERS @OPTOMETRIST

0 .00 RADIOLOGY 0 .00 .000 .00 .00 0 0 ROOM USE .00 .00 .000 .00 .00 .00 .00 .000 0 0 CROSSOVERS/ALL OTH OUTPINT .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,603

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

PLACER COUNTY	SUMMARY OF SER	VICES FOR C	CASH GR	ANT	- AGED		AID CODE	10				
					-				СИО	HLY AVERA	GE	
9,800 ELIGIBLES	USERS	UNITS OF S	SERVICE		EXPENDITURES	AVE	RAGE COST					COST PER
.,		OR DAYS C	F CARE				UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	469		714	\$	292,168.92	\$	78.67	.379		622.96	Ś	29.81
COMM HOSP INPATIENT TOTAL	85 31 4 4		149	7	234,555.80		1574.20	.015	-1	2759.48	т	23.93
HSC HOSPITALS	31				121,100.68		1053.05	.012		3906.47		12.36
NON-HSC HOSPITALS TOTAL	4		34		76,099.80		2238.23	.003		19024.95		7.77
ACCOMMODATIONS	1		31		23,814.03		700.41	.003		5953.51		2.43
ACCOMMODATIONS ADMINISTRATIVE DAYS	0		74		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	4		3 (23,814.03		700.41	.003		5953.51		2.43
ANCILLARIES	4		74		52,285.77		.00	.000		13071.44		5.34
	50		0		37,355.32		.00	.000		747.11		3.81
INPATIENT CROSSOVERS	50		0				.00			.00		.00
ALL OTHER INPATIENT	0 391	3,			.00			.000				
COMM HOSP OUTPATIENT TOTAL		3,	202		57,613.12		16.16	.364		147.35		5.88
MEDICAL	6		8		275.39		34.42	.001		45.90		.03
SURGERY	1		1		70.59		70.59	.000		70.59		.01
PATHOLOGY	29		141		1,293.14		9.17	.014		44.59		.13
RADIOLOGY	13		27		2,732.67		101.21	.003		210.21		.28
ROOM USE	9	_	9		466.94		51.88	.001		51.88		.05
CROSSOVERS/ALL OTH OUTPTNT		3,	379		52 , 774.39		15.62	.345		148.24		5.39
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$		\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	262	6,		\$	895,003.86	\$	130.11		\$	3416.05	\$	91.33
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING			0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	262	6,	879		895,003.86		130.11	.702		3416.05		91.33
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0 0 0 14 0		589	\$	24,801.66	\$	42.11	.060	\$	1771.55	\$	2.53
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	14		589		24,801.66		42.11	.060		1771.55		2.53
HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	80		297	Ś	3,192.94	\$	10.75	.030	Ś	39.91	Ś	.33
PATHOLOGY	72		274	7	2,963.11	7	10.81	.028	-1	41.15	т	.30
XO AND OTHERS	8		23		229.83		9.99	.002		28.73		.02
@ORGANIZED OUTPATIENT CLINIC	287		426	Ś	45,676.45	\$	107.22	.043	Ś	159.15	Ś	4.66
CLINIC CLINIC	4		8	۲	486.41	¥	60.80	.001	4	121.60	~	.05
SURGICENTER	28		51		6,065.29		118.93	.005		216.62		.62
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	257		367		39 , 124.75		106.61	.037		152.24		3.99
#CALIF DEPT OF HEALTH SERV				EC M	ONTH-OF-PAYMENT R				DEC		Т:	AGE 9,604
MOUNTE DEEL OF UDWITH DEKA	HEDT CAT SEKAT	CHO WIND EVLE	אחדדחאיי	ا∿ا ب∟	ONTH OF PAIMENT R	UL OLI	LOW OWN 7	TOO4 IUVO	יייי	, <u>2004</u>	r	AGE 3,004

MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10 03/14/05

					MC	NTHLY AVERA	GE
9,800 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,127	87 , 098	\$ 267,806.19	\$ 3.07	8.888	\$ 237.63	\$ 27.33
DURABLE MED. EQUIP.	30	47	8,120.83	172.78	.005	270.69	.83
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	11	14	5,060.16	361.44	.001	460.01	.52
MEDICAL TRANSPORTATION	87	1,834	6 , 725 . 93	3.67	.187	77.31	.69
AMBULANCES/AIR TRANS	8	48	880.13	18.34	.005	110.02	.09
OTHER TRANS	70	1,681	5,652.58	3.36	.172	80.75	.58
OTHER SERVICES	11	105	193.22	1.84	.011	17.57	.02
ACUPUNCTURE	6	33	529.85	16.06	.003	88.31	.05
ADULT DAY HEALTH CARE CTR	145	1 , 955	135,979.34	69.55	.199	937.79	13.88
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	74	348	26,314.48	75.62	.036	355.60	2.69
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	186	427	5,208.68	12.20	.044	28.00	.53
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	19	32	33.01	1.03	.003	1.74	.00
PROSTHETIST/ORTHOTISTS	3	4	88.63	22.16	.000	29.54	.01
PROSTHETICS	3	4	88.63	22.16	.000	29.54	.01
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	2	59.71	29.86	.000	59.71	.01
SPEECH AND AUDIOLOGY	35	66	4,173.80	63.24	.007	119.25	.43
HOSPICE SERVICES	10	408	50,195.79	123.03	.042	5019.58	5.12
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	612	81 , 928	25,315.98	.31	8.360	41.37	2.58
@CALIF. CHILDREN SERVICES*	2	2	\$ 50.00	\$ 25.00	.000	\$ 25.00	\$.01
@XOVER EXCLUDING STATE HOSP**	2,104	14,548	\$ •	\$ 16.40	1.484	\$ 113.40	\$ 24.35

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,605 MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20 03/14/05

MONIBULL ATTERNACE

						MOI	NTHLY AVERA	GE
1,252 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	€		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	970	77,411	\$	861,658.45	\$ 11.13	61.830	\$ 888.31	\$ 688.23
@PHYSICIANS SERVICES	295	710	\$	23,832.14	\$ 33.57	.567	\$ 80.79	\$ 19.04
OUTPATIENT VISITS	97	135		4,899.28	36.29	.108	50.51	3.91
OFFICE VISITS	78	104		3,405.33	32.74	.083	43.66	2.72
HOME VISITS	2	2		74.84	37.42	.002	37.42	.06
EMERGENCY ROOM	15	20		1,184.78	59.24	.016	78.99	.95
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	9	9		234.33	26.04	.007	26.04	.19
INPATIENT VISITS	19	48		1,694.50	35.30	.038	89.18	1.35
HOSPITAL VISITS	4	26		1,065.80	40.99	.021	266.45	.85
CRITICAL CARE	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF/TRANS IP CARE	17	22	628.70	28.58	.018	36.98	.50
OPHTHALMOLOGICAL SERVICES	17	21	863.61	41.12	.017	50.80	.69
EXAMINATIONS	17	21	863.61	41.12	.017	50.80	.69
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	75.58	75.58	.001	75.58	.06
PRINCIPAL SURGEON	1	1	75.58	75.58	.001	75.58	.06
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	15	26	5,090.31	195.78	.021	339.35	4.07
PRINCIPAL SURGEON	13	16	4,646.49	290.41	.013	357.42	3.71
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	10	443.82	44.38	.008	110.96	.35
DIALYSIS	1	2	450.08	225.04	.002	450.08	.36
PATHOLOGY	6	8	45.58	5.70	.006	7.60	.04
RADIOLOGY	42	61	3,835.06	62.87	.049	91.31	3.06
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	7	10	233.25	23.33	.008	33.32	.19
OTHER SERVICES/ALL X-OVERS	143	398	6,644.89	16.70	.318	46.47	5.31
@PHARMACY	804	31,910	\$ 334,232.75	\$ 10.47	25.487	\$ 415.71	\$ 266.96
PRESCRIPTION DRUGS	781	3 , 269	312,756.46	95.67	2.611	400.46	249.81
SNF/ICF	60	448	35,490.85	79.22	.358	591.51	28.35
OUTPATIENTS	727	2,821	277,265.61	98.29	2.253	381.38	221.46
MEDICAL SUPPLIES	170	28,641	21,476.29	.75	22.876	126.33	17.15
@DENTIST	55	250	\$ 9,580.75	\$ 38.32	.200	\$ 174.20	\$ 7.65
VISITS - DIAGNOSTIC	32	129	1,512.75	11.73	.103	47.27	1.21
ORAL SURGERY	8	25	892.00	35.68	.020	111.50	.71
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	3	4	354.00	88.50	.003	118.00	.28
ENDODONTICS	4	7	1,165.00	166.43	.006	291.25	.93
RESTORATIVE DENTISTRY	17	36	3,132.00	87.00	.029	184.24	2.50
PROSTHETICS	2	2	.00	.00	.002	.00	.00

DENTURES, STAYPLATES	5	47	2,525.00	53.72	.038	505.00	2	2.02
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2004 THRU DEC	2004	PAGE	9,606
MOP024	FEE-FOR-SERVICE/DEN	TAL					03/	/14/05
PLACER COUNTY	SUMMARY OF SERVICES	FOR CASH GRANT	r - BLIND	AID CODE	20			

----- MONTHLY AVERAGE -----1,252 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 66 \$ @OPTOMETRIST 28 4,753.76 \$ 72.03 .053 \$ 169.78 \$ 3.80 DIAGNOSTIC AND ANC. PROCED 10 10 537.61 53.76 .008 53.76 EYE APPLIANCES 4,072.21 78.31 143.94 35.99 54.34 \$ 13.59 18 4,072.21 .042 226.23 3.25 5 4 143.94 .003 28.79 OTHER OPTOMETRIC SERVICES .11 @CHIROPRACTOR 27.17 \$ VISITS 27.17 0 OTHER SERVICES .00 20 19 14.16 \$ @PODIATRIST MEDICINE/INJECTIONS 0 .00 . 00 .00 SURGERY/ANES. 0 RADIO./PATHOLOGY 0 .00 13.45 19 20 269.02 .016 OTHER 14.16 .21 42,233.42 \$ 29.76 1,419 @HOME HEALTH AGENCY 10 1.133 \$ 4223.34 \$ 33.73 .000 \$.00 \$ 0 0 .00 \$.00 NURSE ANESTHESIST .00 .00 \$.00 .000 \$.00 \$.00 NURSE MIDWIFE .00 .00 \$.00 \$.000 \$ PEDIATRIC NURSE PRACTITIONER 0 0 \$.00 \$.00 .000 \$.00 \$ FAMILY NURSE PRACTITIONER 822 \$ 124,749.76 \$ 151.76 @TOTAL HOSPITAL 111 .657 \$ 1123.87 \$ 99.64 1527.45 1200.90 73 18 111,503.69 6194.65 HOSP INPATIENT TOTAL .058 89.06 7 49 8406.31 HSC HOSPITALS 58,844.19 .039 1859.99 .019 22319.92 596.92 .019 7163.05 .00 .000 .000 .00 .000 .000 596.92 .019 7163.05 .00 .000 .000 596.92 .019 7163.05 .00 .000 15156.87 .00 .000 891.07 .00 .000 .000 24 44,639.84 NON-HSC HOSPITAL TOTAL 1859.99 35.65 24 ACCOMMODATIONS 14,326.10 0 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE 0 .00 .00 14,326.10 596.92 30,313.74 .00 24 ALL OTHER ACCOM 11.44 0 ANCILLARIES 8,019.66 INPATIENT CROSSOVERS 0 6.41 0 ALL OTHER INPATIENT 0 .00 .00 749 13,246.07 HOSP OUTPATIENT TOTAL 10.58 10 13 MEDICAL 410.53 31.58 .010 41.05 508.04 .007 63.51 SURGERY 8 9 56.45 .41 10.15 .126 48.62 79.10 .014 103.43 40.09 .028 50.12 33 1,604.35 10.15 158 PATHOLOGY 1,344.64 RADIOLOGY 13 17 1,403.29 2.8 3.5 1.12 ROOM USE CROSSOVERS/ALL OTH OUTPINT 517 7,975.22 15.43 .413 139.92 0 .00 \$.00 .000 \$.00 \$ @COUNTY HOSPITAL TOTAL 0 .00 CO HOSPITAL INPATIENT TOTAL .00 .00 .000 .00 . 00 .00 .00 .00 HSC HOSPITALS .000 NON-HSC HOSPITALS TOTAL .00 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .000 .00 . 00 .00 .00 .00 .000 ADMINISTRATIVE DAYS .00 TRANSITIONAL IP CARE .00 .000 .00 .00 .00 .00 ALL OTHER ACCOM .000 .00 .00 ANCILLARIES .00 .00 .000 .00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES 1	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2004 THRU DEC	2004	PAGE 9,607
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FO	OR CASH GRANT	- BLIND	AID CODE	20		
					MONT	HLY AVERAC	E

							M	гио	HLY AVERA	GE -	
1,252 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AV	ERAGE COST			COST PER		COST PER
_,		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	111	822	\$	124,749.76	\$	- ,	.657		1123.87		99.64
COMM HOSP INPATIENT TOTAL	18	73		111,503.69		1527.45	.058		6194.65		89.06
HSC HOSPITALS	7	49		58,844.19		1200.90	.039		8406.31		47.00
NON-HSC HOSPITALS TOTAL	2	24		44,639.84		1859.99	.019		22319.92		35.65
ACCOMMODATIONS	2	24		14,326.10		596.92	.019		7163.05		11.44
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	24		14,326.10		596.92	.019		7163.05		11.44
ANCILLARIES	2	0		30,313.74		.00	.000		15156.87		24.21
INPATIENT CROSSOVERS	9	0		8,019.66		.00	.000		891.07		6.41
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	95	749		13,246.07		17.69	.598		139.43		10.58
MEDICAL	10	13		410.53		31.58	.010		41.05		.33
SURGERY	8	9		508.04		56.45	.007		63.51		.41
PATHOLOGY	33	158		1,604.35		10.15	.126		48.62		1.28
RADIOLOGY	13	17		1,344.64		79.10	.014		103.43		1.07
ROOM USE	28	35		1,403.29		40.09	.028		50.12		1.12
CROSSOVERS/ALL OTH OUTPINT	57	517		7,975.22		15.43	.413		139.92		6.37
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	53	1,334	\$	171,356.87	\$	128.45	1.065	\$	3233.15	\$	136.87
LEV A-INTERMEDIATE	0	. 0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	53	1,334		171,356.87		128.45	1.065		3233.15		136.87
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	49	194	\$	29,437.36	\$	151.74	.155	\$	600.76	\$	23.51
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	49	194		29,437.36		151.74	.155		600.76		23.51
@REHABILITATION FACILITY	2	2	\$	68.42	\$	34.21	.002	\$	34.21	\$.05
HOSPITAL BASED	1	1		47.23		47.23	.001		47.23		.04
INDEPENDENT FACILITY	1	1		21.19		21.19	.001		21.19		.02
@LABORATORY FACILITY	57	233	\$	3,617.05	\$	15.52	.186	\$	63.46	\$	2.89
PATHOLOGY	57	233		3,617.05		15.52	.186		63.46		2.89
XO AND OTHERS	0	0		.00		.00	.000		.00		.00

@ORGANIZED OUTPATIENT CLINIC	101	170	\$	21,933.97	\$	129.02	.136	\$ 217.17	\$	17.52
CLINIC	9	20		985.71		49.29	.016	109.52		.79
SURGICENTER	5	25		1,578.36		63.13	.020	315.67		1.26
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	88	125		19,369.90			.100			15.47
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	CC M						D 7	GE 9,608
			ES M	DNIH-OF-PAIMENI I	REPUR	I FOR JAN	ZUU4 IRKU L	EC 2004	PA	
MOP024	FEE-FOR-SERVICE						0.0			03/14/05
PLACER COUNTY	SUMMARY OF SERV	ICES FOR CASH GRA	AN'I' -	- BLIND		AID CODE				
								NTHLY AVERA		
1,252 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES				COST PER		OST PER
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES		OR DAYS OF CARE					PER ELIG	USER		LIGIBLE
@ALL OTHER PROVIDERS	201	40,277	\$	95,538.84	\$	2.37	32.170	\$ 475.32	\$	76.31
DURABLE MED. EQUIP.	19	69		10,035.66		145.44	.055	528.19		8.02
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	2	12,392 85		50 00		25.00	.002	25.00		.04
MEDICAL TRANSPORTATION	71	12.392		40,472.43		3.27	9.898	570.03		32.33
AMBILANCES/ATR TRANS	16	85		2,076.78			.068	129.80		1.66
OTHER TRANS	57	12 200		20 270 21		3.12	9.824	673.32		30.65
OTHER CERVICES	J /	12,300		16.44				16.44		.01
OTHER SERVICES	0	/		10.44		2.35	.006			
ACOLONCIONE	U	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	./	159		10,976.27		69.03	.127	1568.04		8.77
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	6	22		3,134.60		142.48	.018	522.43		2.50
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	16	40		755.46		18.89	.032	47.22		.60
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	7	12		111.97		9.33	.010	16.00		.09
ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST	4	12,300 7 0 159 0 22 0 40 0 12 21 21 0 0 40 0 40 0 40 0		3,130.71		149.08	.017	782.68		2.50
PROSTHETICS	4	21		3,130.71		149.08	.017	782.68		2.50
ODTHOTICS	0	0		.00		.00	.000	.00		.00
DOVOLOTOR	0	0		.00		.00	.000	.00		.00
rollogioi	1.0	4.0		1 542 70						
SPEECH AND AUDIOLOGY	10	40		1,542.70		38.57	.032	154.27		1.23
HOSPICE SERVICES	U	U		.00		.00	.000			.00
SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS	U	0		.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE	46	4,049		14,556.51		3.60	3.234	316.45		11.63
	0	0		.00		.00				.00
RESPIRATORY CARE PRACT.	U	U		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	54	23,471		10,772.53		.46	18.747	199.49		8.60
@CALIF. CHILDREN SERVICES*	33	4,600	\$	45,350.24		9.86	3.674	\$ 1374.25	\$	36.22
@XOVER EXCLUDING STATE HOSP**		1,594	\$	60,491.99	Ś	37.95	1.273	\$ 292.23		48.32
0* TOTALS IN THESE LINES ARE										
THE AMOUNTS ARE ALREADY IN				•						
** THESE DATA ARE INCLUDED I				ABOVE.						
		ES AND EXPENDITURE		NIELL OF DAVIDENCE	DEDOD	T DOD TAN	2004 miinii b	TC 2004	D.7	GE 9,609
#CALIF DEPT OF HEALTH SERV			ES MC	DNTH-OF-PAIMENT	KEPUK	T FOR JAN	2004 THRU L	EC 2004	PA	,
MOP024	FEE-FOR-SERVICE	•								03/14/05
PLACER COUNTY	SUMMARY OF SERV	ICES FOR CASH GRA	AN'I' -	- DISABLED		AID CODE				
								NTHLY AVERA		
45,840 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS		С	OST PER
		OR DAYS OF CARE			PE	R UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@TOTAL, ALL PROVIDERS	36,218	929 , 566	\$	26,318,545.15	\$	28.31	20.278	\$ 726.67	\$	574.14
@PHYSICIANS SERVICES	10,973	35,318	\$	1,397,303.46	\$	39.56	.770	\$ 127.34	\$	30.48
OUTPATIENT VISITS	6,107	9,012		336,900.65		37.38	.197	55.17		7.35
OFFICE VISITS	4,427	6,192		195,005.13		31.49	.135	44.05		4.25
HOME VISITS	105	116		4,207.80		36.27	.003	40.07		.09
EMERGENCY ROOM	1,478	1,839		113,405.93		61.67	.040	76.73		2.47
PUBLICATION I TOOM	1,410	1,000		110,400.90		01.07	.010	10.13		4.1/

PREVENTIVE CARE	1	1		54.83		54.83	.000		54.83		.00
OB VISITS/COMPRE PERI	30	56		3,563.89		63.64	.001		118.80		.08
OTHER OUTPATIENT	668	808		20,663.07		25.57	.018		30.93		.45
INPATIENT VISITS	648	2,580		128,285.93		49.72	.056		197.97		2.80
HOSPITAL VISITS	530	2,241		101,456.07		45.27	.049		191.43		2.21
CRITICAL CARE	41	149		20,420.16		137.05	.003		498.05		.45
SNF/ICF/TRANS IP CARE	123	190		6,409.70		33.74	.004		52.11		.14
OPHTHALMOLOGICAL SERVICES	150	194		7,424.92		38.27	.004		49.50		.16
EXAMINATIONS	148	191		7,334.34		38.40	.004		49.56		.16
SERVICES AND MATERIALS	3	3		90.58		30.19	.000		30.19		.00
INPATIENT HOSPITAL SURGERY	262	1,663		166,126.40		99.90	.036		634.07		3.62
PRINCIPAL SURGEON	186	289		127,535.25		441.30	.006		685.67		2.78
ASSISTANT SURGEON	30	29		6,693.47		230.81	.001		223.12		.15
ANESTHESIOLOGIST	109	1,345		31,897.68		23.72	.029		292.64		.70
OUTPATIENT SURGERY	819	1,842		154,916.88		84.10	.040		189.15		3.38
PRINCIPAL SURGEON	695	887		127,333.19		143.55	.019		183.21		2.78
ASSISTANT SURGEON	11	12		1,394.49		116.21	.000		126.77		.03
ANESTHESIOLOGIST	178	943		26,189.20		27.77	.021		147.13		.57
DIALYSIS	60	179		15,836.81		88.47	.004		263.95		.35
PATHOLOGY	627	1,124		18,800.04		16.73	.025		29.98		.41
	2,423	4,690		270,280.81		57.63	.102		111.55		5.90
RADIOLOGY	2,423 89										
PSYCHIATRY		102		3,449.30		33.82	.002		38.76		.08
IMMUNIZATION AND INJECTION	353	1,606		44,615.33		27.78	.035		126.39		.97
OTHER SERVICES/ALL X-OVERS	4,323	12,326	<u> </u>	250,666.39	<u>^</u>	20.34	.269	<u>^</u>	57.98	<u> </u>	5.47
@PHARMACY	29,745	506,769	\$	14,262,152.97	\$		11.055	Ş	479.48	\$	311.13
PRESCRIPTION DRUGS	29,359	131,394		13,031,375.25		99.18	2.866		443.86		284.28
SNF/ICF	861	7,739		512,614.75		66.24	.169		595.37		11.18
OUTPATIENTS	28,704	123,655		12,518,760.50		101.24	2.698		436.13		273.10
MEDICAL SUPPLIES	2,581	375 , 375		1,230,777.72		3.28	8.189		476.86		26.85
@DENTIST	2,436	10,436	\$	399,939.53	\$	38.32	.228	\$	164.18	\$	8.72
VISITS - DIAGNOSTIC	1,622	6 , 596		89,656.20		13.59	.144		55.28		1.96
ORAL SURGERY	419	984		49,837.85		50.65	.021		118.94		1.09
DRUGS	18	18		375.00		20.83	.000		20.83		.01
ANESTHESIA	4	4		300.00		75.00	.000		75.00		.01
PERIODONTICS	111	128		13,512.00		105.56	.003		121.73		.29
ENDODONTICS	174	248		59,358.50		239.35	.005		341.14		1.29
RESTORATIVE DENTISTRY	696	1,619		110,376.40		68.18	.035		158.59		2.41
PROSTHETICS	25	27		770.00		28.52	.001		30.80		.02
DENTURES, STAYPLATES	240	720		74 , 796.50		103.88	.016		311.65		1.63
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1	1		112.08		112.08	.000		112.08		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	17	17		770.00		45.29	.000		45.29		.02
ALL OTHER SERVICES	70	74		75.00		1.01	.002		1.07		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURE	ES M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2004 THRU	DEC	2004	PF	AGE 9,610
MOP024	FEE-FOR-SERVICE	E/DENTAL									03/14/05
PLACER COUNTY	SUMMARY OF SERV	ICES FOR CASH GRA	TNA	- DISABLED		AID CODE	60				
							M	TINC	HLY AVERA	GE -	
45,840 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST					COST PER
•		OR DAYS OF CARE				R UNIT/DAY			USER	Е	ELIGIBLE
@OPTOMETRIST	1,008	2,780	\$	58,515.66	\$	21.05	.061		58.05		1.28
DIAGNOSTIC AND ANC. PROCED	460	479		19,774.86		41.28	.010	•	42.99		.43
EYE APPLIANCES	728	2,091		33,818.38		16.17	.046		46.45		.74
OTHER OPTOMETRIC SERVICES	130	210		4,922.42		23.44	.005		37.86		.11
@CHIROPRACTOR	175	307	\$	5,073.43	\$	16.53	.007	Ś	28.99	Ś	.11
VISITS	169	300	т	4,990.92	4	16.64	.007	т	29.53	7	.11
* 10110	± 0 2	300		1, 550.52		TO.01	.007		27.55		• + +

OTHER SERVICES	6	7	82.51	11.79	.000	13.75	.00
@PODIATRIST	410	674	\$ 12,699.79	\$ 18.84	.015	\$ 30.98	\$.28
MEDICINE/INJECTIONS	143	160	5,048.72	31.55	.003	35.31	.11
SURGERY/ANES.	9	13	2,169.08	166.85	.000	241.01	.05
RADIO./PATHOLOGY	3	4	70.92	17.73	.000	23.64	.00
OTHER	265	497	5,411.07	10.89	.011	20.42	.12
@HOME HEALTH AGENCY	171	4,642	\$ 185,962.42	\$ 40.06	.101	\$ 1087.50	\$ 4.06
NURSE ANESTHESIST	7	101	\$ 314.77	\$ 3.12	.002	\$ 44.97	\$.01
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	44	108	\$ 2,651.38	\$.002	\$ 60.26	\$.06
@TOTAL HOSPITAL	5,447	37,466	\$ 4,373,116.53	\$ 116.72	.817	\$ 802.85	\$ 95.40
HOSP INPATIENT TOTAL	546	2,261	3,489,828.99	1543.49	.049	6391.63	76.13
HSC HOSPITALS	268	1,555	2,072,088.78	1332.53	.034	7731.67	45.20
NON-HSC HOSPITAL TOTAL	136	706	1,231,349.52	1744.12	.015	9054.04	26.86
ACCOMMODATIONS	136	706	414,247.60	586.75	.015	3045.94	9.04
ADMINISTRATIVE DAYS	1	13	3,006.90	231.30	.000	3006.90	.07
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	135	693	411,240.70	593.42	.015	3046.23	8.97
ANCILLARIES	136	0	817,101.92	.00	.000	6008.10	17.83
INPATIENT CROSSOVERS	153	0	186,390.69	.00	.000	1218.24	4.07
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5 , 080	35 , 205	883 , 287.54	25.09	.768	173.88	19.27
MEDICAL	910	1,474	64,407.36	43.70	.032	70.78	1.41
SURGERY	402	455	18,247.47	40.10	.010	45.39	.40
PATHOLOGY	1,909	11,273	111,690.94	9.91	.246	58.51	2.44
RADIOLOGY	1,137	1 , 767	152,648.03	86.39	.039	134.26	3.33
ROOM USE	2,451	3 , 554	131,175.40	36.91	.078	53.52	2.86
CROSSOVERS/ALL OTH OUTPINT	2,645	16,682	405,118.34	24.28	.364	153.16	8.84
@COUNTY HOSPITAL TOTAL	36	193	\$ 66 , 521.85	\$ 344.67	.004	\$ 1847.83	\$ 1.45
CO HOSPITAL INPATIENT TOTAL	5	86	63,425.56	737.51	.002	12685.11	1.38
HSC HOSPITALS	1	6	8,112.00	1352.00	.000	8112.00	.18

NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 45,840 ELIGIBLES	Δ	8.0		55,313.56 18,504.00 .00 .00 18,504.00 36,809.56 .00 .00 3,096.29 925.69 .00 516.50 138.67 954.79 560.64 40NTH-OF-PAYMENT RI		691 42	002		13828 39		1 21
ACCOMMODATIONS	<u>т</u> Д	80		18 504 00		231 30	002		13828.39 4626.00		40
ADMINITORD ARTHE DAVE	0	0		10,304.00		201.00	000		1020.00		.00
TRANSTITATIVE DATA	0	0		.00		.00	.000		.00		.00
ALL OBJED ACCOM	0	9.0		10 504 00		221 20	.000		1626 00		.40
ALL OTHER ACCOM	4	00		10,304.00		231.30	.002		4020.00		.80
ANCILLARIES	4	0		36,609.36		.00	.000		9202.39		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	107		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	31	107		3,096.29		28.94	.002		99.88		.07
MEDICAL	1 /	27		925.69		34.28	.001		54.45		.02
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	8	38		516.50		13.59	.001		64.56		.01
RADIOLOGY	1	1		138.67		138.67	.000		138.67		.00
ROOM USE	18	27		954.79		35.36	.001		53.04		.02
CROSSOVERS/ALL OTH OUTPTNT	8	14		560.64		40.05	.000		70.08		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITUR	ES M	IONTH-OF-PAYMENT RI	EPORT	FOR JAN 2	2004 THRU I	EC	2004	Ε	PAGE 9,611
MOP024	FEE-FOR-SERVICE	E/DENTAL									03/14/05
PLACER COUNTY	SUMMARY OF SERV	ICES FOR CASH GR	ANT	- DISABLED		AID CODE					
							MC	NT	HLY AVERA	GE.	
45,840 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	5	COST PER		COST PER
45,840 ELIGIBLES @COMMUNITY HOSPITAL TOTAL		OR DAYS OF CARE		EXPENDITURES 4,306,594.68 3,426,403.43	PER	. UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,413	37 , 273	\$	4,306,594.68	\$	115.54	.813	\$	795.60	\$	93.95
COMM HOSP INPATIENT TOTAL	541	2,175		3,426,403.43		1575.36	.047		6333.46		74.75
HSC HOSPITALS	267	1,549		2,063,976.78		1332.46	.034		7730.25		45.03
NON-HSC HOSPITALS TOTAL	132	626		1,176,035.96		1878.65	.014		8909.36		74.75 45.03 25.66 8.63
ACCOMMODATIONS	132	626		395,743.60		632.18	.014		2998.06		8.63
ADMINISTRATIVE DAYS	1	13		3,006.90		231.30	.000		3006.90		.07
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	131	613		392,736.70		640.68	.013		3006.90 .00 2997.99 5911.31		8.57
ANCILLARIES	132	0		780,292.36		.00	.000		5911.31		17.02
INPATIENT CROSSOVERS	153	0		186,390.69		.00	.000		1218.24		4.07
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	5,051	35,098		880,191.25		25.08	.766		174.26		19.20
MEDICAL	893	1.447		63,481,67		43.87	.032		71.09		1.38
SURGERY	402	455		18.247 47		40 10	010		45 39		40
PATHOLOGY	1.901	11.235		111.174.44		9.90	. 245		58.48		17.02 4.07 .00 19.20 1.38 .40 2.43 3.33 2.84
RADIOLOGY	1 136	1 766		152 509 36		86 36	039		134 25		3 33
ROOM USE	2 434	3 527		130 220 61		36 92	077		53 50		2 84
CROSSOVERS/ALL OTH OUTPINT	2,131	16 668		404 557 70		24 27	364		153.42		8.83
@STATE HOSPITAL	2,037	10,000	Ġ	00	Ġ	00	.504	Ġ	.00	Ś	.00
MENUALIV III	0	0	Y	.00	Y	00	.000	۲	.00	Y	
DEVELOD DICADIED	0	0		.00		.00	.000		.00		.00
ANTIDETNE FACTITHY	386	10 838	<	.00 1,398,758.69	Ċ	129 06	236	Ċ	3623.73	Ċ	
@STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD	აიი ე	10,030	4	1 7/1 10	ų	66 07	.230 001	Y	270 60	۲	.04
TEN B-BERND WD TEN W-INTERMEDIATE	∠ 1	∠ O 1 7		1, /41.19		125 22	.001		870.60 2130.44		.04
TEN D CHDACIME EDEECHANDING		1/		2,130.44		123.32	.000		2130.44		.05
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	U	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	202	10 705		1,398,758.69 1,741.19 2,130.44 .00 .00 .00		120 22	.000		.00		.00
LEV B-REGULAR	383	10,795	ċ	1,394,887.06	Ċ	105.22	.233		3642.00	ċ	30.43

981,712.23

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@INTERMEDIATE CARE FACIL.-DD

ICF DDH

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DD

	47	285 \$	6,230.71	\$ 21.86	.006 \$	132.57	\$.14
@REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS	47	132	3,975.56			120.47	
HOSPITAL DASED	33	153					.09
INDEPENDENT FACILITY	14	153	2,255.15	14.74	.003	161.08	.05
@LABORATORY FACILITY	2,239	8,994 \$	103,431.68 103,036.51	\$ 11.50	.196 \$		
PATHOLOGY	2 , 207	8,902 92 7,502 \$	103,036.51	11.57 4.30 \$ 139.86	.194	46.69	
XO AND OTHERS	32	92	395.17	4.30	.002	12.35	.01
CORGANIZED OUTPATIENT CLINIC	4,482	7,502 \$ 639	1,049,197.71	\$ 139.86	.164 \$	234.09	\$ 22.89
CLINIC	293	639	17,487.23	27.37	.014	59.68	.38
SURGICENTER	106	415	21,201.87	51.09	.009	200.02	.46
HEROIN DETOX CLINIC	4	59	731.67		.001	200.02 182.92	.02
RURAL HEALTH CLINIC	4,103	6 , 389	1,009,776.94		.139	246.11	22.03
#CALIF DEPT OF HEALTH SERV	293 106 4 4,103 MEDI-CAL SERVIC	EC AND EXPENDIMIDES	MONIBLE OF DAVMENT F	TOO.US			
#CIBIL DELI OL HERELIH SERV	THEFT CITE DELIVED		MONIH-OF-PAIMENI F	REPORT FOR JAN	2004 IRO DE	C 2004	
	FEE-FOR-SERVICE				- 60		03/14/05
PLACER COUNTY 45,840 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT.	SUMMARY OF SERV	ICES FOR CASH GRANT	' - DISABLED	AID CODE			
					MON'		
45,840 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	T UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	Y PER ELIG	USER	
@ALL OTHER PROVIDERS	5,789	292,829 \$	1,820,750.31	\$ 6.22	6.388 \$	314.52	\$ 39.72
DURABLE MED. EOUIP.	530	2,171					6.25
BLOOD BANK	0	0	286,367.39 .00	.00	.000	.00	
HEADING AID DICDENCEDS	27	32	5,886.16	102 04			
MEDICAL MDANGDODMAMION	074	32 47,113	224 (11 40	183.94 4.77	1 000	218.01 230.61	.13
MEDICAL TRANSPORTATION	9/4	4/,113	224,611.40	4.//	1.028	230.61	4.90
AMBULANCES/AIR TRANS	596	4,875	90,944.22 122,360.37	18.66	.106	152.59	1.98
OTHER TRANS	379	42,088	122,360.37	2.91	.918	322.85	2.67
OTHER SERVICES	45	150	11,306.81	75.38	.003	251.26	
ACUPUNCTURE	16	39	708.25 643,067.42	18.16	.001	44.27	.02
ADULT DAY HEALTH CARE CTR	552	9,258	643,067.42	69.46	.202	1164.98	14.03
GENETIC DISEASE TESTING	6	6	630.00 139,009.63 1,764.68	105.00	.000	105.00	.01
THMC.MODEL-NF.NF.AIDS.MSSP	99	3,854	139,009.63	36.07	.084	105.00 1404.14	3.03
OCCUPATIONAL THERAPIST	20	353	1 764 68	5 00	.008	88.23	.04
ODTICIAN	702	1 722	10 366 06	10.66	.038	23 40	.40
OFITCIAN MIEDADIOM	102	1,723	10,300.90	10.66 13.09	.000	23.49 209.39	.00
PHISICAL THERAPIST	1	1,723 16 71 185	209.39	13.09	.000	209.39	.00
PORTABLE X-RAY	40	/ 1	876.48 26,932.73	12.34	.002	21.91 379.33	.02
PROSTHETIST/ORTHOTISTS	71	185	26,932.73	145.58			.59
PROSTHETICS	71	185	26,932.73	145.58	.004	379.33	
ORTHOTICS	0	0	0.0	^ ^	.000	.00	
PSYCHOLOGIST	21	32	690.02	21.56	.001	32.86	.02
SPEECH AND AUDIOLOGY	826	3 , 597	153,241.38	42.60	.078	185.52	3.34
HOSPICE SERVICES	2.4	462	690.02 153,241.38 58,704.53	127.07	.010	2446.02	1.28
NONINST BIRTHING CENTERS	0	0	0.0	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	780	35 , 035	142 669 22	4 07	764	182.91	3.11
EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS	, 00	603	20,087.03	20 /1	.015		.44
DECDIDATION CARE DRACE	0	683 0 0	20,087.03	.00		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		
PED SUBACUTE REHAB/WEANING	0	U	.00	.00		.00	.00
ALL OTHER PROVIDERS	1,513	188,199	96,927.64	.52	4.106		2.11
GCALIF. CHILDREN SERVICES	032	29,309 Y	1,587,709.42			2512.20	
@XOVER EXCLUDING STATE HOSP**	4,835	34,594 \$	624,831.61	\$ 18.06	.755 \$	129.23	\$ 13.63
<pre>@* TOTALS IN THESE LINES ARE</pre>	GIVEN AS A SEPAR	ATE INFORMATION ITEM	I ONLY;				
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE AF	PROPRIATE DETAIL LIN	IES ABOVE.				
** THESE DATA ARE INCLUDED I							
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES		REPORT FOR JAN	2004 THRII DEC	C 2004	PAGE 9,613
MOP024	FEE-FOR-SERVICE			ALIONI FOR OTHER	ZOOT THIKO DE	0 2001	03/14/05
PLACER COUNTY		ICES FOR CGF 30-33	35 40 42 31-3M 3D	3B 311 3M 10-10	_		00/11/00
I DUCEL COONII	POLITAL OF SERV	TORD FOR CGE 30-33	30 40 42 3M-3M 3F	JI JU JW 40-40		יגרטווע אוחע	~E
40 0E0 ELTCIDIBO	HORDO	INITES OF SERVICE	ENDENDIEUDEC	ALIEDACE COCC	MON'		
40,050 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		UNITS/DAYS		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	L PEK ELIG	USER	ELIGIBLE

@TOTAL, ALL PROVIDERS	19,803		\$	4,336,657.13	\$	51.37	2.10		218.99	\$	108.28
@PHYSICIANS SERVICES	8,971	19,244	\$	800,276.39	\$	41.59	.48	Э \$	89.21	\$	19.98
OUTPATIENT VISITS	7,400	9,821		350,362.71		35.67	.24	5	47.35		8.75
OFFICE VISITS	5,354	6 , 769		216,655.54		32.01	.16	9	40.47		5.41
HOME VISITS	0	0		.00		.00	.00	С	.00		.00
EMERGENCY ROOM	1,568	1,813		91,240.37		50.33	.04	5	58.19		2.28
PREVENTIVE CARE	7	7		348.96		49.85	.00	С	49.85		.01
OB VISITS/COMPRE PERI	174	296		20,010.57		67.60	.00	7	115.00		.50
OTHER OUTPATIENT	856	936		22,107.27		23.62	.02		25.83		.55
INPATIENT VISITS	227	682		46,468.17		68.14	.01		204.71		1.16
HOSPITAL VISITS	218	516		25,161.22		48.76	.01		115.42		.63
CRITICAL CARE	21	166		21,306.95		128.36	.00		1014.62		.53
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.00		.00		.00
OPHTHALMOLOGICAL SERVICES	68	93		3,660.62		39.36	.00		53.83		.09
EXAMINATIONS	67	92		3,640.62		39.57	.00		54.34		.09
SERVICES AND MATERIALS	1	1		20.00		20.00	.00		20.00		.00
INPATIENT HOSPITAL SURGERY	232	1,019		139,821.79		137.21	.02		602.68		3.49
	151	189		113,173.66		598.80	.02		749.49		2.83
PRINCIPAL SURGEON	35	32		•							
ASSISTANT SURGEON				5,421.73		169.43	.00		154.91		.14
ANESTHESIOLOGIST	98	798		21,226.40		26.60	.02		216.60		.53
OUTPATIENT SURGERY	599	1,165		85,227.86		73.16	.02		142.28		2.13
PRINCIPAL SURGEON	518	669		70,497.85		105.38	.01		136.10		1.76
ASSISTANT SURGEON	6	6		544.31		90.72	.00		90.72		.01
ANESTHESIOLOGIST	118	490		14,185.70		28.95	.01		120.22		.35
DIALYSIS	0	0		.00		.00	.00		.00		.00
PATHOLOGY	800	1,041		13,903.98		13.36	.02		17.38		.35
RADIOLOGY	1,498	2,116		94,316.24		44.57	.05		62.96		2.35
PSYCHIATRY	66	73		2,407.54		32.98	.00		36.48		.06
IMMUNIZATION AND INJECTION	161	450		10,213.43		22.70	.01		63.44		.26
OTHER SERVICES/ALL X-OVERS	704	2,784		53,894.05		19.36	.07	C	76.55		1.35
@PHARMACY	8,997	21 , 847	\$	1,103,396.18	\$	50.51	.54	5 \$	122.64	\$	27.55
PRESCRIPTION DRUGS	8,959	19,644		1,080,906.29		55.02	.49	С	120.65		26.99
SNF/ICF	23	123		8,110.59		65.94	.00	3	352.63		.20
OUTPATIENTS	8,943	19,521		1,072,795.70		54.96	.48	7	119.96		26.79
MEDICAL SUPPLIES	219	2,203		22,489.89		10.21	.05	5	102.69		.56
@DENTIST	2,801		\$	423,176.77	\$	31.10	.34) \$	151.08	\$	10.57
VISITS - DIAGNOSTIC	2,056	9,539		142,338.80		14.92	.23	3	69.23		3.55
ORAL SURGERY	364	635		35,665.85		56.17	.01	6	97.98		.89
DRUGS	130	133		3,061.25		23.02	.00	3	23.55		.08
ANESTHESIA	7	8		800.00		100.00	.00		114.29		.02
PERIODONTICS	19	19		1,732.00		91.16	.00		91.16		.04
ENDODONTICS	251	498		73,442.80		147.48	.01		292.60		1.83
RESTORATIVE DENTISTRY	924	2,457		140,283.75		57.10	.06		151.82		3.50
PROSTHETICS	5	5		180.00		36.00	.00		36.00		.00
DENTURES, STAYPLATES	11	18		4,935.00		274.17	.00		448.64		.12
SPACE MAINTAINERS	30	42		4,680.00		111.43	.00		156.00		.12
MAXILLOFACIAL SERVICES	4	5		3,500.70		700.14	.00		875.18		.09
FRACTURES, DISLOCATIONS	1	1		700.00		700.00	.00		700.00		.02
ORTHODONTIC SERVICES	124	167		10,956.62		65.61	.00		88.36		.27
ALL OTHER SERVICES	82	80		900.00		11.25	.00		10.98		.02
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	c Mo		E DOD					D.7	AGE 9,614
MOP024			D IMIC	MIU-OL-LAIMPNI P	'TLOK	I LOV NAN	2004 INK	ט אפר	2004	PF	
	FEE-FOR-SERVICE		3 JE	מכ מכ מכ או או או	3D 3	11 214 40 40					03/14/05
PLACER COUNTY	SUMMAKI OF SERV	ICES FOR CGF 30-3	J 33) 40 42 3A-3M 3P	or 3	U 3W 4C-46		MONTH	יית מוזות עדטו	CE	
40 OFO ELECTRIES	HOEDO	IINTEC OF CERTICE		EADENDIMIDEO	71 77	EDACE COCE			THLY AVERA		
40,050 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			COST PER		COST PER

OR DAYS OF CARE

PER UNIT/DAY PER ELIG USER

ELIGIBLE

@OPTOMETRIST	549	1,528	\$	35,170.44	\$	23.02	.038	\$	64.06	\$.88
DIAGNOSTIC AND ANC. PROCED	426	442		18,903.59		42.77	.011		44.37		.47
EYE APPLIANCES	388	1,072		15,837.45		14.77	.027		40.82		.40
OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	388 12	. 14		429.40		30.67	.000		35.78		.01
@CHIROPRACTOR	47	70	\$	1,162.04	Ś		.002	Ś	24.72	Ś	.03
VISITS	47	70		1,162.04		16.60	.002		24.72		.03
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	53	69	\$	3,054.52	Ś		.002	Ś	57.63	Ś	.08
MEDICINE/INJECTIONS	53			2,369.23	Y	40.16	.001	۲	44.70	Υ	.06
SURGERY/ANES.	3	3		334.23		111.41	.000		111.41		.01
RADIO./PATHOLOGY	J	5		86.50		17.30	.000		21.63		.00
OTHER	2	2		264.56		132.28	.000		132.28		.01
@HOME HEALTH AGENCY	53 53 3 4 2 25 0	59 3 5 2 62 0 0 0 37 12,141	ċ	3,798.58	ċ	61.27	.002	ċ	152.20	ċ	.09
UNDER ANDORUMENTS	23	02	ې د	-	\$						
NURSE ANESTHESIST	0	0	Ş	.00	\$.00	.000		.00	\$.00
NURSE MIDWIFE	0	0	Ş	.00	\$.00	.000			\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ş	.00		.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	10	37	Ş	874.05 1,354,173.68	Ş	23.62	.001		87.41		.02
@TOTAL HOSPITAL	10 3,441 230 182 48		\$	1,354,173.68	Ş	111.54	.303	Ş	393.54	Ş	33.81
HOSP INPATIENT TOTAL	230	797		1,068,345.76		1340.46	.020		4644.98		26.68
HSC HOSPITALS	182	618 179		803,063.14		1299.45 1482.03	.015		4412.43		20.05
NON-HSC HOSPITAL TOTAL	48	179				1482.03	.004		5526.72		6.62
ACCOMMODATIONS	48	179		103,447.99		577.92	.004		2155.17		2.58
				.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	48	179		.00 .00 103,447.99 161,834.63		577.92	.004		2155.17		2.58
ANCILLARIES	48	0		161,834.63		.00	.000		3371.55		4.04
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL	0	0 0 179 0 0		.00 .00 285,827.92		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3 316	11,344		285,827.92		25.20	.283		86.20		7.14
MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	384	557		17,350.67		31.15	.014		45.18		.43
SURGERY	340	377		17,350.67 12,374.44		32.82	.009		36.40		.31
PATHOLOGY	1 037			44,515.34		11.09	.100		42.93		1.11
RADIOLOGY	764	4,013 1,006		60,115.18		59.76	.025		78.68		1.50
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT GCOUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	2 514	3,147		116,039.44		36.87	.079		46.16		2.90
CDOGGOVEDG / NII OTH ONTERNIT	1 033	2,244		35,432.85		15.79	.056		34.30		.88
@COUNTY HOSPITAL TOTAL	1,055	3.1	¢	3,708.74	Ċ		.001	Ċ	412.08	Ċ	.09
CO HOSPITAL INPATIENT TOTAL	1	2	Y	2 704 00	Y	1352.00	.000	Y	2704.00	Y	.07
UCC UCCDITAL INFALLENT TOTAL	1	2		2,704.00		1352.00	.000		2704.00		.07
NON HEC HORDINALS MONAL	0	2		2,704.00 2,704.00 .00 .00 .00		.00	.000		.00		.00
NON-DARIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODALIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DATS	0	0		.00					.00		
TRANSITIONAL IP CARE	0	0		.00		.00	.000				.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	U	U		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	U		• 0 0		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	8	32		1,004.74		31.40	.001		125.59		.03
MEDICAL	2	2		92.65		46.33	.000		46.33		.00
SURGERY	1	2		59.22		29.61	.000		59.22		.00
PATHOLOGY	4	9		240.75		26.75	.000		60.19		.01
RADIOLOGY	2	3		93.44		31.15	.000		46.72		.00
ROOM USE	7	10		471.20		47.12	.000		67.31		.01
CROSSOVERS/ALL OTH OUTPINT	3	6		47.48		7.91	.000		15.83		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	RES MO	NTH-OF-PAYMENT R	EPOR	T FOR JAN 2004	THRU	DEC	2004	P	AGE 9,615
MOP024	FEE-FOR-SERVICE/DEN	TAL									03/14/05
DIACED COLIMBY	CHMMADY OF CEDUTCES	EOD CCE 30	22 25	. 10 12 37 3M 3D	3D 3	11 214 10 10					

SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

PLACER COUNTY

40,050 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,433	12,107	\$ 1,350,464.94	\$ 111.54	.302	\$ 393.38	\$ 33.72
COMM HOSP INPATIENT TOTAL	230	795	1,065,641.76	1340.43	.020	4633.23	26.61
HSC HOSPITALS	182	616	800,359.14	1299.28	.015	4397.58	19.98
NON-HSC HOSPITALS TOTAL	48	179	265,282.62	1482.03	.004	5526.72	6.62
ACCOMMODATIONS	48	179	103,447.99	577.92	.004	2155.17	2.58
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	48	179	103,447.99	577.92	.004	2155.17	2.58
ANCILLARIES	48	0	161,834.63	.00	.000	3371.55	4.04
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,308	11,312	284,823.18	25.18	.282	86.10	7.11
MEDICAL	382	555	17,258.02	31.10	.014	45.18	.43
SURGERY	339	375	12,315.22	32.84	.009	36.33	.31
PATHOLOGY	1,033	4,004	44,274.59	11.06	.100	42.86	1.11
RADIOLOGY	762	1,003	60,021.74	59.84	.025	78.77	1.50
ROOM USE	2,507	3 , 137	115,568.24	36.84	.078	46.10	2.89
CROSSOVERS/ALL OTH OUTPTNT	1,030	2,238	35,385.37	15.81	.056	34.35	.88
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

----- MONTHLY AVERAGE -----

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	11	24	\$	740.84	\$	30.87	.001	\$	67.35	\$.02
HOSPITAL BASED	11	24		740.84		30.87	.001		67.35		.02
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1,455	4,245	\$	58,658.33	\$	13.82	.106	\$	40.32	\$	1.46
PATHOLOGY	1,454	4,244		58,646.93		13.82	.106		40.33		1.46
XO AND OTHERS	1	1		11.40		11.40	.000		11.40		.00
@ORGANIZED OUTPATIENT CLINIC	2,067	3 , 889	\$	460,053.63	\$	118.30	.097	\$	222.57	\$	11.49
CLINIC	508	1,494		41,541.49		27.81	.037		81.77		1.04
SURGICENTER	44	205		7,614.02		37.14	.005		173.05		.19
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,542	2,190		410,898.12		187.62	.055		266.47		10.26
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITU	RES	MONTH-OF-PAYMENT F	REPORT	FOR JAN	2004 THRU	DEC	2004	P.	AGE 9,616
MOP024	FEE-FOR-SERVICE/DEN	NTAL									03/14/05
PLACER COUNTY	SUMMARY OF SERVICES	FOR CGF 30	-33	35 40 42 3A-3M 3P	3R 3U	3W 4C-40	3				

----- MONTHLY AVERAGE -----40,050 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 92,121.68 1,423 \$ 12.04 64.74 \$ @ALL OTHER PROVIDERS 7**,**650 .191 \$ 2.30 DURABLE MED. EQUIP. 94 330 9,395.52 28.47 .008 99.95 .23 .00 BLOOD BANK .00 .00 .000 .00 HEARING AID DISPENSERS 0 0 .00 .00 .000 .00 .00 171 27,066.72 15.99 MEDICAL TRANSPORTATION 1,693 .042 158.28 .68 170 1,259 AMBULANCES/AIR TRANS 20,909.41 16.61 .031 123.00 737.55 OTHER TRANS 1 429 1.72 .011 737.55 .02 5,419.76 OTHER SERVICES 5 1083.95 .000 1083.95 .14 20.27 ACUPUNCTURE 20.27 20.27 .000 ADULT DAY HEALTH CARE CTR 0 .00 .00 .000 .00 .00 2,730.00 GENETIC DISEASE TESTING 26 105.00 .001 105.00 .07 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 OCCUPATIONAL THERAPIST 0 0 .00 .00 .000 .00 .00 OPTICIAN 364 754 6,769.25 8.98 .019 18.60 .17 62.89 20.96 62.89 PHYSICAL THERAPIST .000 0 0 .00 PORTABLE X-RAY .00 .00 .000 .00 17 21 88.11 PROSTHETIST/ORTHOTISTS 1,497.92 71.33 .001 .04 17 21 71.33 88.11 PROSTHETICS 1,497.92 .001 0 0 .00 .000 .00 ORTHOTICS .00 .00 PSYCHOLOGIST 40 2,345.64 58.64 .001 335.09 .06 106.18 54.09 SPEECH AND AUDIOLOGY 2,866.87 .001 .07 HOSPICE SERVICES 8,440.68 136.14 .002 4220.34 .21 .00 0 0 .00 .000 NONINST BIRTHING CENTERS .00 .00 3,070 28,466.59 9.27 .077 LOCAL EDUCATION AGENCIES 41.50 EPSDT SUPPLEMENTAL SERVICE 0 .00 .00 .000 .00 .00 0 .00 .00 RESPIRATORY CARE PRACT. .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .00 .000 2,459.33 ALL OTHER PROVIDERS 53 1,597 1.54 .040 46.40 .06 183 3,099 315,033.83 \$ 101.66 .077 \$ 1721.50 \$ @CALIF. CHILDREN SERVICES* 7.87 .00 @XOVER EXCLUDING STATE HOSP** 58.65 14.66 .000 \$ 29.33 \$

^{0*} Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,617 MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

PLACER COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

PLACER COUNTY	SUMMARY OF SER	VICES FOR CASH GRANT -	- TOTAL				
							GE
96,942 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	64,480	1,317,344 \$	34,968,103.29	\$ 26.54	13.589	\$ 542.31	\$ 360.71
@PHYSICIANS SERVICES	21 , 587	59,183 \$	2,284,994.64	\$ 38.61	.610		
OUTPATIENT VISITS	13,774	19,180	698,464.23	36.42	.198	50.71	7.20
OFFICE VISITS	10,020	13,266	420,595.26	31.70	.137	41.98	4.34
	10,020	118	•	36.29	.001	40.02	.04
HOME VISITS			4,282.64				
EMERGENCY ROOM	3,073	3,683	206,603.41	56.10	.038	67.23	2.13
PREVENTIVE CARE	8	8	403.79	50.47	.000	50.47	.00
OB VISITS/COMPRE PERI	204	352	23,574.46	66.97	.004	115.56	.24
OTHER OUTPATIENT	1,533	1 , 753	43,004.67	24.53	.018	28.05	. 44
INPATIENT VISITS	910	3,345	177,536.91	53.08	.035	195.10	1.83
HOSPITAL VISITS	767	2,817	128,771.40	45.71	.029	167.89	1.33
CRITICAL CARE	62	315	41,727.11	132.47	.003	673.02	.43
SNF/ICF/TRANS IP CARE	141	213	7,038.40	33.04	.002	49.92	.07
OPHTHALMOLOGICAL SERVICES	242	315	12,215.99	38.78	.003	50.48	.13
			•				
EXAMINATIONS	239	311	12,105.41	38.92	.003	50.65	.12
SERVICES AND MATERIALS	4	4	110.58	27.65	.000	27.65	.00
INPATIENT HOSPITAL SURGERY	498	2,686	306,151.12	113.98	.028	614.76	3.16
PRINCIPAL SURGEON	341	482	240,911.84	499.82	.005	706.49	2.49
ASSISTANT SURGEON	65	61	12,115.20	198.61	.001	186.39	.12
ANESTHESIOLOGIST	207	2,143	53,124.08	24.79	.022	256.64	.55
OUTPATIENT SURGERY	1,452	3,064	247,830.37	80.88	.032	170.68	2.56
PRINCIPAL SURGEON	1,243	1,594	204,731.57	128.44	.016	164.71	2.11
ASSISTANT SURGEON	17	18	1,938.80	107.71	.000	114.05	.02
ANESTHESIOLOGIST	303	1,452	41,160.00	28.35	.015	135.84	.42
	66	195	18,395.35	94.34	.002	278.72	.19
DIALYSIS							
PATHOLOGY	1,461	2,219	33,349.51	15.03	.023	22.83	.34
RADIOLOGY	4,026	6 , 963	375,246.04	53.89	.072	93.21	3.87
PSYCHIATRY	155	175	5,856.84	33.47	.002	37.79	.06
IMMUNIZATION AND INJECTION		2,075	55,189.88	26.60	.021	104.53	.57
OTHER SERVICES/ALL X-OVERS		18 , 966	354,758.40	18.70	.196	55.97	3.66
@PHARMACY	46,209	681 , 591 \$	17,484,325.62	\$ 25.65	7.031	\$ 378.37	\$ 180.36
PRESCRIPTION DRUGS	45,626	179,799	16,151,878.98	89.83	1.855	354.01	166.61
SNF/ICF	1,232	10,065	657,249.48	65.30	.104	533.48	6.78
OUTPATIENTS	44,644	169,734	15,494,629.50	91.29	1.751	347.07	159.83
MEDICAL SUPPLIES	3,704	501,792	1,332,446.64	2.66	5.176	359.73	13.74
@DENTIST	5,614	25,477 \$	893,770.75	\$ 35.08	.263		
•		•	•	•		•	2.50
VISITS - DIAGNOSTIC	3,902	16,970	242,452.80	14.29	.175	62.14	
ORAL SURGERY	835	1,759	91,711.25	52.14	.018	109.83	.95
DRUGS	149	152	3,461.25	22.77	.002	23.23	.04
ANESTHESIA	11	12	1,100.00	91.67	.000	100.00	.01
PERIODONTICS	151	170	17,628.10	103.69	.002	116.74	.18
ENDODONTICS	443	773	138,720.55	179.46	.008	313.14	1.43
RESTORATIVE DENTISTRY	1,696	4,267	264,338.40	61.95	.044	155.86	2.73
PROSTHETICS	39	41	1,180.00	28.78	.000	30.26	.01
DENTURES, STAYPLATES	343	935	111,484.00	119.23	.010	325.03	1.15
SPACE MAINTAINERS	30	42	4,680.00	111.43	.000	156.00	.05
MAXILLOFACIAL SERVICES	5	6	3,612.78	602.13	.000	722.56	.04
	1	1			.000		.01
FRACTURES, DISLOCATIONS			700.00	700.00		700.00	
ORTHODONTIC SERVICES	141	184	11,726.62	63.73	.002	83.17	.12
ALL OTHER SERVICES	162	165	975.00	5.91	.002	6.02	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,618 MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

PLACER COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

PLACER COUNTY	SUMMARY OF SER	VICES FOR CASH G.	KANT -	- TOTAL			M	\cap NTT	HLY AVERA	C E	
96,942 ELIGIBLES	USERS	UNITS OF SERVIC	7	EXPENDITURES	7/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/	DACE COCH					COST PER
90,942 ELIGIBLES	OSERS	OR DAYS OF CAR		EXPENDITORES		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	1,797	4,913	\$	109,948.06	\$.051		61.18		1.13
DIAGNOSTIC AND ANC. PROCED	931	967	۲	40,729.71	Y	42.12	.010	٧	43.75	Y	.42
EYE APPLIANCES	1,279	3,631		61,351.37		16.90	.037		47.97		.63
OTHER OPTOMETRIC SERVICES	200	315		7,866.98		24.97	.003		39.33		.03
@CHIROPRACTOR	227	388	\$		\$.003	ċ	28.19	ċ	.03
	220	380	۲		Ą	16.58	.004	۲	28.63	۲	.06
VISITS OTHER SERVICES	7	8		6,299.26 99.23		12.40	.004		14.18		.00
			\$		Ċ			Ċ		Ċ	.18
@PODIATRIST	630 201	967 225	Ş		\$	18.13	.010	Þ	27.83	Þ	.18
MEDICINE/INJECTIONS	201 13 7 429 207			7,561.95		33.61	.002		37.62 194.02		
SURGERY/ANES.	13	17		2,522.31		148.37	.000				.03
RADIO./PATHOLOGY	100	9		157.42		17.49	.000		22.49		.00
OTHER	429	716	_	7,293.86	_	10.19	.007	_	17.00	_	.08
@HOME HEALTH AGENCY	207	6,124	Ş	•	\$	37.90	.063		1121.11		2.39
NOVOE WNESILESISI	10	135	\$		\$	3.05	.001			\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$		\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	56	151	\$	3,616.69	\$	23.95	.002		64.58		.04
@TOTAL HOSPITAL	9 , 468 879	54 , 143	\$	6,144,208.89	\$.559	\$		\$	63.38
HOSP INPATIENT TOTAL	879	3,280		4,904,234.24		1495.19	.034		5579.33		50.59
HSC HOSPITALS	488	2 , 337		3,055,096.79		1307.27	.024		6260.44		31.51
NON-HSC HOSPITAL TOTAL	190	943		1,617,371.78		1715.13	.010		8512.48		16.68
ACCOMMODATIONS	190	943		555,835.72		589.43 231.30 .00	.010		2925.45		5.73
ADMINISTRATIVE DAYS	1	13		3,006.90		231.30	.000		3006.90		.03
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	189	930		552,828.82		594.44	.010		2925.02		5.70
ANCILLARIES	190	0		1,061,536.06		.00	.000		5587.03		10.95
INPATIENT CROSSOVERS	212	0		231,765.67		.00	.000		1093.23		2.39
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	8,882	50,863		1,239,974.65		24.38	.525		139.61		12.79
MEDICAL	1,310	2,052		82,443.95		40.18	.021		62.93		.85
SURGERY	751	842		31,200.54		37.06	.009		41.55		.32
PATHOLOGY	3,008	15,585		159,103.77		10.21	.161		52.89		1.64
RADIOLOGY	1,927	2,817		216,840.52		76.98	.029		112.53		2.24
ROOM USE	5,002	6,745		249,085.07		36.93	.070		49.80		2.57
CROSSOVERS/ALL OTH OUTPTNT		22,822		501,300.80		21.97	.235		122.54		5.17
@COUNTY HOSPITAL TOTAL	4,091 45 6	227	\$		\$			Ś	1560.68	Ś	.72
CO HOSPITAL INPATIENT TOTAL	6	88	7	66,129.56	-	751.47	.001		11021.59	7	.68
HSC HOSPITALS	2	8		10,816.00		1352 00	.000		5408.00		.11
MON-USC HOSDITATS TOTAL	/	80		55,313.56		691.42	.001		13828.39		.57
ACCOMMODATIONS	Δ	80		18,504.00		231.30	.001		4626.00		.19
ADMINISTRATIVE DAYS	Ô	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	80		18,504.00		231.30	.001		4626.00		.19
ANCILLARIES	4	0		36,809.56		.00	.000		9202.39		.38
INPATIENT CROSSOVERS	4 0 0 4 4 0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	39	139		4,101.03		29.50	.000		105 15		.04
MEDICAL	19	29		1,018.34		35.12	.001		105.15 53.60		.04
	19	29		59.22		29.61	.000		59.22		.01
SURGERY	12	47					.000				.00
PATHOLOGY	12	4 /		757.25		16.11	.000		63.10		.01

3 RADIOLOGY 4 232.11 58.03 .000 77.37 .00 25 37 ROOM USE 1,425.99 38.54 .000 57.04 .01 CROSSOVERS/ALL OTH OUTPTNT 11 20 608.12 30.41 .000 55.28 .01 PAGE 9,619 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

03/14/05

PLACER COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

FEE-FOR-SERVICE/DENTAL

MOP024

PLACER COUNTY	SUMMARY OF SERVIC	ES FOR CASH GRAN	1T -	TOTAL						
							MONT	THLY AVERA	GE	
96,942 ELIGIBLES	USERS U	NITS OF SERVICE		EXPENDITURES	AVERAGE CO	ST UNITS/DA	YS	COST PER		COST PER
		OR DAYS OF CARE				AY PER ELI	G	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9,426	53,916 \$	5	6,073,978.30	\$ 112.66	.556	\$	644.39	\$	62.66
COMM HOSP INPATIENT TOTAL	874	3,192		4,838,104.68	1515.70	.033		5535.59		49.91
HSC HOSPITALS	487	2,329		3,044,280.79	1307.12	.024		6251.09		31.40
NON-HSC HOSPITALS TOTAL	186	863		1,562,058.22	1810.03			8398.16		16.11
ACCOMMODATIONS	186	863		537,331.72	622.63			2888.88		5.54
ADMINISTRATIVE DAYS	1	13		3,006.90	231.30			3006.90		.03
TRANSITIONAL IP CARE	0	0		.00	.00			.00		.00
ALL OTHER ACCOM	185	850		534,324.82	628.62			2888.24		5.51
ANCILLARIES	186	0		1,024,726.50	.00			5509.28		10.57
INPATIENT CROSSOVERS	212	0		231,765.67	.00			1093.23		2.39
ALL OTHER INPATIENT	0	0		.00	.00			.00		.00
COMM HOSP OUTPATIENT TOTAL	8,845			1,235,873.62	24.36			139.73		12.75
		50,724			40.25					
MEDICAL	1,291	2,023		81,425.61				63.07		.84
SURGERY	750	840		31,141.32	37.07			41.52		.32
PATHOLOGY	2,996	15,538		158,346.52	10.19			52.85		1.63
RADIOLOGY	1,924	2,813		216,608.41	77.00			112.58		2.23
ROOM USE	4,978	6,708		247,659.08	36.92			49.75		2.55
CROSSOVERS/ALL OTH OUTPTNT		22,802		500,692.68	21.96			122.72		5.16
@STATE HOSPITAL	0	0 \$	5	.00	\$.00				\$.00
MENTALLY ILL	0	0		.00	.00			.00		.00
DEVELOP. DISABLED	0	0		.00	.00			.00		.00
@NURSING FACILITY		19,051 \$	5		\$ 129.40			3516.58	\$	25.43
LEV A-INTERMEDIATE	2	26		1,741.19	66.97	.000		870.60		.02
LEV B-REHAB MD	1	17		2,130.44	125.32	.000		2130.44		.02
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
LEV B-REGULAR	698	19,008		2,461,247.79	129.48	.196		3526.14		25.39
@INTERMEDIATE CARE FACILDD	698 164	5,026 \$	3	981,712.23	\$ 195.33	.052	\$	5986.05	\$	10.13
ICF DDH	53	1,597		270,419.06	169.33	.016		5102.25		2.79
ICF DD	0	0		.00	.00			.00		.00
ICF DDN/DDCN	111	3,429		711,293.17	207.43			6408.05		7.34
@HEMODIALYSIS TOTAL	275	6,274 \$	3	314,972.90	\$ 50.20			1145.36	Ś	3.25
HOSPITAL BASED	0 111 275 0	0		.00	.00			.00		.00
HEMODIALYSIS CENTER	275	6,274			50.20			1145.36		3.25
@REHABILITATION FACILITY	60	311 \$	3	7,039.97	\$ 22.64			117.33	Ś	.07
HOSPITAL BASED	45	157		4,763.63	30.34			105.86	т	.05
INDEPENDENT FACILITY	15	154		2,276.34	14.78			151.76		.02
@LABORATORY FACILITY	3 831	13,769 \$		168,900.00	\$ 12.27				Ċ	1.74
PATHOLOGY	3,831 3,790	13,769	,	168,263.60	12.32			44.40	۲	1.74
XO AND OTHERS	41	116		636.40	5.49			15.52		.01
	6 , 937	11,987 \$,	1,576,861.76					ċ	16.27
@ORGANIZED OUTPATIENT CLINIC			•						Þ	
CLINIC	814	2,161		60,500.84	28.00			74.33		.62
SURGICENTER	183	696		36,459.54	52.38			199.23		.38
HEROIN DETOX CLINIC	4	59		731.67	12.40			182.92		.01
RURAL HEALTH CLINIC	5,990	9,071		1,479,169.71	163.07			246.94		15.26
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MO:	N'I'H-OF-PAYMENT RE	SPORT FOR JA	N 2004 THRU	DEC	2004	P	AGE 9,620

FLACER COUNTI	SUMMANT OF SEN	VICES FOR CASH GRANT	IOIAL				
					MON		GE
96,942 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	8,540	427 , 854 \$	2,276,217.02	\$ 5.32	4.414 \$	266.54	
DURABLE MED. EQUIP.	673	2 , 617	313,919.40	119.95	.027	466.45	3.24
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	40	48	10,996.32	229.09	.000	274.91	.11
MEDICAL TRANSPORTATION	1,303	63,032	298,876.48	4.74	.650	229.38	3.08
AMBULANCES/AIR TRANS	790	6 , 267	114,810.54	18.32	.065	145.33	1.18
OTHER TRANS	507	56,498	167,129.71	2.96	.583	329.64	1.72
OTHER SERVICES	62	267	16,936.23	63.43	.003	273.17	.17
ACUPUNCTURE	23	73	1,258.37	17.24	.001	54.71	.01
ADULT DAY HEALTH CARE CTR	704	11,372	790,023.03	69.47	.117	1122.19	8.15
GENETIC DISEASE TESTING	32	32	3,360.00	105.00	.000	105.00	.03
IHMC, MODEL-NF, NF, AIDS, MSSP	179	4,224	168,458.71	39.88	.044	941.11	1.74
OCCUPATIONAL THERAPIST	20	353	1,764.68	5.00	.004	88.23	.02
OPTICIAN	1,348	2,944	31,100.35	10.56	.030	23.07	.32
PHYSICAL THERAPIST	2	19	272.28	14.33	.000	136.14	.00
PORTABLE X-RAY	66	115	1,021.46	8.88	.001	15.48	.01
PROSTHETIST/ORTHOTISTS	95	231	31,649.99	137.01	.002	333.16	.33
PROSTHETICS	95	231	31,649.99	137.01	.002	333.16	.33
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	29	74	3,095.37	41.83	.001	106.74	.03
SPEECH AND AUDIOLOGY	898	3,756	161,824.75	43.08	.039	180.21	1.67
HOSPICE SERVICES	36	932	117,341.00	125.90	.010	3259.47	1.21
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,512	42,154	185,692.32	4.41	.435	122.81	1.92
EPSDT SUPPLEMENTAL SERVICE	8	683	20,087.03	29.41	.007	2510.88	.21
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	2,232	295 , 195	135,475.48	.46	3.045	60.70	1.40
@CALIF. CHILDREN SERVICES*	850	37 , 070	\$ 1,948,143.49	\$ 52.55	.382 \$	2291.93 \$	20.10
@XOVER EXCLUDING STATE HOSP**	7,148	50,740	\$ 923,970.59	\$ 18.21	.523 \$	129.26 \$	9.53

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,621
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

PLACER COUNTY	SUMMARY OF SERV	ICES FOR 1	.85% PR	OGRAM -	· INFANTS	AID	CODES 47	69				00, 11, 00
					-			Mo	TNC	HLY AVERA	GE	
4,060 ELIGIBLES	USERS	UNITS OF S	ERVICE		EXPENDITURES	AVE	RAGE COST					COST PER
		OR DAYS O	F CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1,870 1,168		959		574,436.30	\$	96.40	1.468	\$	307.19	\$	141.49
@PHYSICIANS SERVICES	1,168		540	\$	574,436.30 133,824.61	\$	52.69	.626				
OUTPATIENT VISITS	1,053		536		49,603.71		32.29	.378		47.11		12.22
OFFICE VISITS	899	1,			38,111.12		30.25	.310		42.39		9.39
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	183		209		9,645.59		46.15	.051		52.71		2.38
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	62		67		1,847.00		27.57	.017		29.79		.45
INPATIENT VISITS	80		441		43,944.43		99.65	.109		549.31 139.46		10.82
HOSPITAL VISITS	61		156		8,506.99		54.53	.038		139.46		2.10
CRITICAL CARE	25		285		35,437.44		124.34	.070		1417.50		8.73
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	3		5		223.37		44.67	.001		74.46		.06
EXAMINATIONS	3		5		223.37		44.67	.001		74.46		.06
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	20		74		11,858.44		160.25	.018		592.92		2.92
PRINCIPAL SURGEON	11		13		9,311.29		716.25	.003		846.48		2.29
ASSISTANT SURGEON	2		2		546.62		273.31	.000		273.31		.13
ANESTHESIOLOGIST	9		59		2,000.53		33.91	.015		222.28		.49
OUTPATIENT SURGERY	26		100		4,718.14		47.18	.025		181.47		1.16
PRINCIPAL SURGEON	22		29		3,059.06		105.48	.007		139.05		.75
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	9		71		1,659.08		23.37	.017		184.34		.41
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	43		61		1,264.29		20.73	.015		29.40		.31
RADIOLOGY	91		170		12,087.61		71.10	.042		132.83		2.98
PSYCHIATRY	0		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	4		20		2,145.21		107.26	.005		536.30		.53
OTHER SERVICES/ALL X-OVERS	67 895		133		7,979.41		60.00	.033		119.10		1.97
@PHARMACY			604	\$	106,286.29	\$.395	\$		\$	26.18
PRESCRIPTION DRUGS	887	1,	527		104,979.98		68.75	.376		118.35		25.86
SNF/ICF	0		0		.00		.00	.000		.00		.00
OUTPATIENTS	887	1,	527		104,979.98		68.75	.376		118.35		25.86
MEDICAL SUPPLIES	26		77		1,306.31		16.97	.019		50.24		.32
@DENTIST	4		8	\$	220.00	\$.002	\$		\$.05
VISITS - DIAGNOSTIC	4		8		220.00		27.50	.002		55.00		.05
ORAL SURGERY	0		0		.00		.00	.000		.00		.00
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0		.00		.00	.000		.00		.00
PROSTHETICS	0		U		.00		.00	.000		.00		.00

DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	1	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUE	RES MON		EPORT			DEC		P	AGE 9,622
MOP024	FEE-FOR-SERVICE/D					2010 01110 1			2001		03/14/05
PLACER COUNTY	SUMMARY OF SERVICE		ROGRAM	- INFANTS	AID	CODES 47	69				00, 11, 00
							Mo	ONT	HLY AVERA	GE	
4,060 ELIGIBLES	USERS U	NITS OF SERVICE	C	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	-	COST PER
•		OR DAYS OF CARE	C		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	50	102	\$	5,051.25	\$	49.52	.025	\$	101.03	\$	1.24
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	324	957	\$	283,520.20	\$	296.26	.236	\$	875.06	\$	69.83
HOSP INPATIENT TOTAL	31	129		260,076.70		2016.10	.032		8389.57		64.06
HSC HOSPITALS	29	123		250,652.00		2037.82	.030		8643.17		61.74
NON-HSC HOSPITAL TOTAL	2	6		9,424.70		1570.78	.001		4712.35		2.32
ACCOMMODATIONS	2	6		3,137.60		522.93	.001		1568.80		.77
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	6		3.137.60		522.93	. 0.01		1568.80		. 77

ACCOMMODATIONS	2	6	3,137.60	522.93	.001	1568.80	.77
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	6	3,137.60	522.93	.001	1568.80	.77
ANCILLARIES	2	0	6 , 287.10	.00	.000	3143.55	1.55
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	302	828	23,443.50	28.31	.204	77.63	5.77
MEDICAL	55	78	3,418.38	43.83	.019	62.15	.84
SURGERY	13	18	618.70	34.37	.004	47.59	.15
PATHOLOGY	71	213	2,159.48	10.14	.052	30.42	.53
RADIOLOGY	61	66	2,253.26	34.14	.016	36.94	.55
ROOM USE	258	310	11,200.42	36.13	.076	43.41	2.76
CROSSOVERS/ALL OTH OUTPINT	77	143	3 , 793.26	26.53	.035	49.26	.93
@COUNTY HOSPITAL TOTAL	1	1	\$ 37.56	\$ 37.56	.000	\$ 37.56	\$.01
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

0 0 0

ADMINISTRATIVE DAYS

ALL OTHER ACCOM

ANCILLARIES

TRANSITIONAL IP CARE

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INPATIENT CROSSOVERS	0	0		.00		.00	.000	.0	0	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.0	0	.00
CO HOSP OUTPATIENT TOTAL	1	1		37.56		37.56	.000	37.5	6	.01
MEDICAL	0	0		.00		.00	.000	.0	0	.00
SURGERY	0	0		.00		.00	.000	.0	0	.00
PATHOLOGY	0	0		.00		.00	.000	.0	0	.00
RADIOLOGY	0	0		.00		.00	.000	.0	0	.00
ROOM USE	1	1		37.56		37.56	.000	37.5	6	.01
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.0	0	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MON'	TH-OF-PAYMENT RI	EPORT	FOR JAN 2	2004 THRU D	EC 2004		PAGE 9,623
MOP024	FEE-FOR-SERVICE	/DENTAL								03/14/05
PLACER COUNTY	SUMMARY OF SERV	ICES FOR 185% PR	OGRAM ·	- INFANTS	AID	CODES 47	69			
							MC	NTHLY AVE	RAGE	
4,060 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PE	R	COST PER
		OR DAYS OF CARE			PER		PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	324	956	\$	283,482.64	\$	296.53	.235	\$ 874.9	5 \$	69.82
COMM HOSP INPATIENT TOTAL	31	129		260,076.70		2016.10	.032	8389.5	7	64.06
HSC HOSPITALS	29	123		250,652.00		2037.82	.030	8643.1	7	61.74
NON-HSC HOSPITALS TOTAL	2	6		9,424.70		1570.78	.001	4712.3	5	2.32
ACCOMMODATIONS	2	6		3,137.60		522.93	.001	1568.8	0	.77
ADMINISTRATIVE DAYS	Ō	0		.00		.00	.000	.0	0	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.0	0	.00
ALL OTHER ACCOM	2 2	6 0 0 6 0		3,137.60		522.93	.001	1568.8	0	.77
ANCILLARIES	2	0		6,287.10		.00	.000	3143.5	5	1.55
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.0	0	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.0	0	.00
COMM HOSP OUTPATIENT TOTAL	302	827		23,405.94		28.30	.204	77.5	0	5.77
MEDICAL	55	78		3,418.38		43.83	.019	62.1	5	.84
SURGERY	13	18		618.70		34.37	.004	47.5	9	.15
PATHOLOGY	71	213		2,159.48		10.14	.052	30.4	2	.53
RADIOLOGY	61	66		2,253.26		34.14	.016	36.9	4	.55
ROOM USE	258	309		11,162.86		36.13	.076	43.2	7	2.75
CROSSOVERS/ALL OTH OUTPTNT	77	143		3,793.26		26.53	.035	49.2	6	.93
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.0	0 \$.00
MENTALLY ILL	0	0		.00		.00	.000	.0	0	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.0	0	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.0	0 \$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.0	0	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.0	0	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.0	0	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.0	0	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.0	0	.00
LEV B-REGULAR	0	0		.00		.00	.000	.0	0	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.0	0 \$.00
ICF DDH	0	0		.00		.00	.000	.0	0	.00
ICF DD	0	0		.00		.00	.000	.0	0	.00
ICF DDN/DDCN	0	0		.00		.00	.000	. 0		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.0	0 \$.00
HOSPITAL BASED	Ō	0		.00		.00	.000	.0		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	. 0		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000			
HOSPITAL BASED	0	0	•	.00	•	.00	.000	.0		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	. 0		.00
@LABORATORY FACILITY	70	129	\$	1,316.95	\$	10.21	.032			
PATHOLOGY	70	129		1,316.95		10.21	.032	18.8		.32
XO AND OTHERS	0	0		.00		.00	.000	.0		.00
-										

@ORGANIZED OUTPATIENT CLINIC	132	203 \$	35,869.56	\$ 176.70	.050 \$		
CLINIC		16	619.68	38.73		56.33	.15
SURGICENTER	1	16 7 0	263.21	37.60 .00	.002	263.21 .00 291 56	.06
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	120	180	34,986.67	194.37	.044	291.56	8.62
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES MON	TH-OF-PAYMENT F	REPORT FOR JAN	2004 THRU DE	C 2004	PAGE 9,624
MOP024	FEE-FOR-SERVICE	E/DENTAL					03/14/05
PLACER COUNTY		ICES FOR 185% PROGRAM	- INFANTS	AID CODES 47	69		
1211021(0001(11	SOLUTION OF SELEC	1020 1011 1000 1110011111	111111110	1112 00220 17	MON'	THLY AVERA	GE
4,060 ELIGIBLES	USERS	UNITS OF SERVICE	FYDENDITHIBES	AVERAGE COST			COST PER
4,000 EDIGIBLES	OSEKS	OR DAYS OF CARE	EXFENDITORES	PER UNIT/DAY			ELIGIBLE
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	3.6		0 247 44		.102 \$		_
CALL OTHER PROVIDERS	30	410 P		۶ 20.07			
DURABLE MED. EQUIP.	11	12 0 0 264	1,386.93	115.58 .00	.003	126.08	.34
BLOOD BANK	0	Ü	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00 380.18	.00
MEDICAL TRANSPORTATION	15	264	5 , 702.68	21.60	.065	380.18	
AMBULANCES/AIR TRANS	15	263	3,902.68	14.84	.065	260.18	.96
OTHER TRANS	0	0	.00 1,800.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.000	1800.00	. 44
ACUPUNCTURE	0	0	.00	.00			.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	- 0.0	.00	. 000	. 00	.00
THMC MODEL-NE NE AIDS MSSP	0	0	0.0	.00	000	.00	.00
OCCUPATIONAL TUEDADICT	0	0	.00	.00	000	.00	.00
ODDICIAN	0	0	.00	.00	.000	.00	.00
OPIICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	U	U	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	Ü	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS	0	264 263 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0	.00	.00		.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	15	407.54	27.17	.004	135.85	.10
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00 102.45 .00	.00
LOCAL EDUCATION AGENCIES	8	124	819.62	6.61	.031	102.45	.20
EPSDT SUPPLEMENTAL SERVICE	0	0	- 0.0	6.61 .00	.000	.00	.00
RESPIRATORY CARE PRACT	0	0	0.0	.00	.000	.00	.00
PED SIBACITE REHAB/WEANING	0	0	0.0	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	30.67	30.67			.01
@CALIF. CHILDREN SERVICES*	55	2 (50 ¢	30.67 236,692.86	50.07	.000	4303.51	
	* 0	2,639 3	.00	\$ 09.02	, CCO .		
@XOVER EXCLUDING STATE HOSP*	`U	U Ş	.00	\$.00	.000 \$.00	\$.00
0* TOTALS IN THESE LINES ARE	GIVEN AS A SEPAR	RATE INFORMATION ITEM ON	1LY;				
THE AMOUNTS ARE ALREADY IN			ABOVE.				
** THESE DATA ARE INCLUDED							
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES MON	ITH-OF-PAYMENT F	REPORT FOR JAN	2004 THRU DE	C 2004	
MOP024	FEE-FOR-SERVICE						03/14/05
PLACER COUNTY	SUMMARY OF SERV	/ICES FOR 185% PROGRAM	- PREGNANT A	AID CODES 44 48	49		
					MON'	THLY AVERA	GE
4,806 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	4,099	22,611 \$	2,928,858.75	\$ 129.53	4.705 \$		
@PHYSICIANS SERVICES	2,608	7,764 \$	683,314.88	\$ 88.01	1.615 \$		
OUTPATIENT VISITS	1,457	2,322	148,737.96	64.06	.483	102.09	30.95
OFFICE VISITS	394	475	22,803.77	48.01	.099	57.88	4.74
			•				
HOME VISITS	0 171	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	171	190	11,381.59	59.90	.040	66.56	2.37

PREVENTIVE CARE	1	1	68.73	68.73	.000	68.73	.01
OB VISITS/COMPRE PERI	1,014	1,646	114,222.75	69.39	.342	112.65	23.77
OTHER OUTPATIENT	10	10	261.12	26.11	.002	26.11	.05
INPATIENT VISITS	388	1,080	69,352.94	64.22	.225	178.74	14.43
HOSPITAL VISITS	371	799	34,000.64	42.55	.166	91.65	7.07
CRITICAL CARE	26	281	35,352.30	125.81	.058	1359.70	7.36
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	2	92.88	46.44	.000	92.88	.02
EXAMINATIONS	1	2	92.88	46.44	.000	92.88	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	561	1,947	349,786.76	179.65	.405	623.51	72.78
PRINCIPAL SURGEON	384	405	298,409.49	736.81	.084	777.11	62.09
ASSISTANT SURGEON	72	73	13,300.66	182.20	.015	184.73	2.77
ANESTHESIOLOGIST	176	1,469	38,076.61	25.92	.306	216.34	7.92
OUTPATIENT SURGERY	227	359	26,179.42	72.92	.075	115.33	5.45
PRINCIPAL SURGEON	207	255	22,363.11	87.70	.053	108.03	4.65
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	51	104	3,816.31	36.70	.022	74.83	.79
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	291	595	9,223.07	15.50	.124	31.69	1.92
RADIOLOGY	769	1,031	61,250.58	59.41	.215	79.65	12.74
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	95	228	5,504.26	24.14	.047	57.94	1.15
OTHER SERVICES/ALL X-OVERS	133	200	13,187.01	65.94	.042	99.15	2.74
@PHARMACY	1,029	1,968	\$ 62,297.31	\$ 31.66	.409	\$ 60.54	\$ 12.96
PRESCRIPTION DRUGS	1,005	1,849	53,881.40	29.14	.385	53.61	11.21
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1,005	1,849	53,881.40	29.14	.385	53.61	11.21
MEDICAL SUPPLIES	61	119	8,415.91	70.72	.025	137.97	1.75
@DENTIST	8	27	\$ 251.00	\$ 9.30	.006	\$ 31.38	\$.05
VISITS - DIAGNOSTIC	7	26	166.00	6.38	.005	23.71	.03
ORAL SURGERY	1	1	85.00	85.00	.000	85.00	.02

PRIICO	0	0	0.0	0.0	0.00	0.0	0.0
DRUGS	U	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
	0	0					
DENTURES, STAYPLATES	U	U	.00	.00	.000	.00	.00
SPACE MAINTAINERS	O	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00
	_						
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MONT	TH-OF-PAIMENT RE	LPORT FOR JAN	2004 THRU DE	C 2004	PAGE 9,626
MOP024	FEE-FOR-SERVICE	E/DENTAL					03/14/05
PLACER COUNTY	SUMMARY OF SERV	/ICES FOR 185% PROGRAM -	- PREGNANT AI	D CODES 44 48	49		
					MON	THLY AVERA	GE
4,806 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
1,000 EE101EE0	OSERS	OR DAYS OF CARE	DITT DIVD I I OTCES	PER UNIT/DAY		USER	ELIGIBLE
OODEOMEEDIGE	0		0.0				
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$		•
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$		
VISITS	0	0	.00	.00	.000	.00	.00
	0	0					
OTHER SERVICES	U		.00	.00	.000	.00	.00
@PODIATRIST	O	0 \$.00	\$.00	.000 \$		
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
	18	35 \$.007 \$		
@HOME HEALTH AGENCY			1,970.51				
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$		\$.00
NURSE MIDWIFE	10	60 \$	2 , 265.31	\$ 37.76	.012 \$		\$.47
PEDIATRIC NURSE PRACTITIONER	. 0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	1,346	6,902 \$	1,957,147.38	\$ 283.56	1.436 \$		
HOSP INPATIENT TOTAL	392	1,534	1,845,523.23	1203.08	.319	4707.97	384.00
		•					
HSC HOSPITALS	262	952	1,176,793.16	1236.13	.198	4491.58	244.86
NON-HSC HOSPITAL TOTAL	133	582	668,730.07	1149.02	.121	5028.05	139.14
ACCOMMODATIONS	133	582	302 , 641.67	520.00	.121	2275.50	62.97
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	133	582	302,641.67	520.00	.121	2275.50	62.97
	133	0	366,088.40	.00	.000	2752.54	76.17
ANCILLARIES			•				
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,119	5 , 368	111,624.15	20.79	1.117	99.75	23.23
MEDICAL	44	172	14,794.73	86.02	.036	336.24	3.08
SURGERY	107	177	5,554.58	31.38	.037	51.91	1.16
PATHOLOGY	672	2,250	26,963.33	11.98	.468	40.12	5.61
RADIOLOGY	175	205	14,470.56	70.59	.043	82.69	3.01
ROOM USE	464	700	26,371.82	37.67	.146	56.84	5.49
CROSSOVERS/ALL OTH OUTPTNT	484	1,864	23,469.13	12.59	.388	48.49	4.88
@COUNTY HOSPITAL TOTAL	3	47 \$	1,784.08	\$ 37.96	.010 \$	594.69	\$.37
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	Õ	0	.00	.00	.000	.00	.00
1100 11001 1111110	ŏ	0	.00	• • • •	• 0 0 0	• • • •	• • • •

NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
	0	0									
TRANSITIONAL IP CARE	0	U		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	Ü	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	3	47		1,784.08		7.96	.010		594.69		.37
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	3	5 18		124.72		4.94	.001		41.57		.03
PATHOLOGY	3	18		386.50		1.47	.004		128.83		.08
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	3	11		736.32	6	6.94	.002		245.44		.15
CROSSOVERS/ALL OTH OUTPINT	3	13		536.54	4	1.27	.003		178.85		.11
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES MC	NTH-OF-PAYMENT I	REPORT FO	R JAN	2004 THRU I	DEC	2004	P	AGE 9,627
MOP024	FEE-FOR-SERVICE	C/DENTAL									03/14/05
PLACER COUNTY		ICES FOR 185% P	ROGRAM	1 - PREGNANT	AID CODES	44 48	49				
							MC	NTF	HLY AVERA	GE ·	
4,806 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAG	E COST	UNITS/DAYS	3 (COST PER	(COST PER
,		OR DAYS OF CAR					PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,343	6,855	_ \$	1,955,363.30				Ś	1455.97		
COMM HOSP INPATIENT TOTAL	392	1,534	т.	1,845,523.23		3.08	.319	т	4707.97	т.	384.00
HSC HOSPITALS	262	952		1,176,793.16		6.13	.198		4491.58		244.86
NON-HSC HOSPITALS TOTAL	133	582		668,730.07		9.02	.121		5028.05		139.14
ACCOMMODATIONS	133	582		302,641.67		0.00	.121		2275.50		62.97
ADMINISTRATIVE DAYS	0	0		.00	52	.00	.000		.00		.00
		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE ALL OTHER ACCOM	0 133	582		302,641.67		0.00	.121		2275.50		62.97
ANCILLARIES	133	0		366,088.40		.00	.000		2752.54		76.17
	133	0				.00	.000		.00		.00
INPATIENT CROSSOVERS		•		.00							
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL		5,321		109,840.07		0.64	1.107		.00 98.42 336.24		22.85
MEDICAL	44	172		14,794.73		6.02	.036		336.24		3.08
SURGERY	104	172		5,429.86		1.57	.036		52.21		1.13
PATHOLOGY	669	2,232		26,576.83		1.91	.464		39.73		5.53
RADIOLOGY	175	205		14,470.56		0.59	.043		82.69		3.01
ROOM USE	461	689		25,635.50		7.21	.143		55.61		5.33
CROSSOVERS/ALL OTH OUTPTNT		1,851		22,932.59		2.39	.385		47.68		4.77
@STATE HOSPITAL	0	0	\$.00		.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	-	.00	.000		.00		.00
TOP DD	0	0		0.0		0.0	0.00		0.0		0.0

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ICF DDN/DDCN

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HEMODIALYSIS CENTER

HOSPITAL BASED

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@REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC	0	0 0 0 3,337 3,337	\$.00	\$.00	.000		\$.00
INDEDENDENT EXCITING	0	0		.00		.00				.00
ALABODATODA ENCILITA	1 127	2 227	Ċ	49,143.51	Ċ	1/172	.694		Ċ	10.23
BARRIOTOCY	1,137	2,227	Ą	49,143.51		14.73	.694			10.23
PAI HOLOGI	1,137	0,337		.00		.00	.000			.00
AODCANICED OURDANIENE CLINIC	4.00	1,818	\$	143,993.51	Ċ	.00	.378		Ċ	29.96
GORGANIZED OUTPATIENT CLINIC	469	1,818	Ş	143,993.51	Þ	79.20	.3/8			
CLINIC	∠8I 11	1,297 82		48,992.62 2,169.89 .00		37.77	.270	174.35 197.26		10.19
SOUGICENIEN	11	0		2,169.89		20.40	.017			.45
HEROIN DETOX CLINIC		•						.00		.00
RURAL HEALTH CLINIC	178	439		92,831.00		211.46	.091			19.32
#CALIF DEPT OF HEALTH SERV			URES MO	NTH-OF-PAYMENT F	KEPOR'	I' FOR JAN 2	2004 THRU	DEC 2004		9,628
	FEE-FOR-SERVICE		DD 0 0D 3.1			2000 44 40	4.0		C	03/14/05
PLACER COUNTY	SUMMARY OF SER	VICES FOR 185%	PROGRAM	1 - PREGNANT A	AID CO	DES 44 48			C E	
4 006 BLIGIBLES	Hanna	INITES OF SERVIT	C.F.		7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7			ONTHLY AVERA		
4,806 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES						ST PER
0.1.1. 0.00000 DD0000000000	0.27	OR DAYS OF CA	RE â	00 475 24		R UNIT/DAY				IGIBLE
@ALL OTHER PROVIDERS	237	700	\$	28,475.34				\$ 120.15		
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00 .00 6,950.34		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	34	495		6,950.34		14.04	.103	204.42		1.45
AMBULANCES/AIR TRANS	33	493		5,665.46		11.49	.103	.00 204.42 171.68 .00		1.18
OTHER TRANS	0	0		.00		.00	.000	.00		.00
4,806 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	2	2		1,284.88		642.44	.000	642.44		.27
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	205	205		.00 21,525.00 .00		105.00	.043	.00 105.00 .00		4.48
ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	0	0		.00			.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES* @XOVER EXCLUDING STATE HOSP** @* TOTALS IN THESE LINES ARE	0	OR DAYS OF CA 700 0 0 495 493 0 2 0 0 205 0 0 0 0 0 0 0 0 0 0 0 0 0 0		.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
ORTHOTICS	0	0		.00		.00				.00
PSYCHOLOGIST	0			.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00		.00
HOSPICE SERVICES	0	0		.00		.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00		.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0		.00		.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	21	2,108	\$	272,569.24	\$	129.30		\$ 12979.49	\$	56.71
@XOVER EXCLUDING STATE HOSP**	0	. 0	\$.00	\$.00	.000	\$.00	\$.00
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPA	RATE INFORMATION	ITEM (
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE A	PPROPRIATE DETAI	L LINES	B ABOVE.						
** THESE DATA ARE INCLUDED I	N THE APPROPRIA	TE DETAIL LINES	ABOVE.							
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDIT	URES MO	NTH-OF-PAYMENT R	REPORT	r for jan 2	2004 THRU	DEC 2004	PAGE	9,629
MOP024	FEE-FOR-SERVICE	E/DENTAL								3/14/05
PLACER COUNTY	SUMMARY OF SER	VICES FOR 60-DA	Y POST	PARTUM PROGRAM		AID CODE	76			
								ONTHLY AVERA	GE	
18 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES		ERAGE COST		S COST PER		ST PER

PER UNIT/DAY PER ELIG USER ELIGIBLE

OR DAYS OF CARE

0.0000	0	4	<u> </u>	052.06	<u> </u>	60 47	000	<u>^</u> 1	106 00	<u>^</u>	1 4 10
@TOTAL, ALL PROVIDERS	2	4	\$	253.86	\$	63.47			126.93		14.10
@PHYSICIANS SERVICES	1	3	\$	114.14	\$	38.05	.167	\$ 1	114.14	\$	6.34
OUTPATIENT VISITS	1	1		24.00		24.00	.056		24.00		1.33
OFFICE VISITS	1	1		24.00		24.00	.056		24.00		1.33
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
	0	0									
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	U	U		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	1	1		86.14		86.14	.056		86.14		4.79
PRINCIPAL SURGEON	1	1		86.14		86.14	.056		86.14		4.79
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	1	1		4.00		4.00	.056		4.00		.22
@PHARMACY	1	1	\$	139.72	\$	139.72	.056	\$ 1	139.72	Ś	7.76
PRESCRIPTION DRUGS	_ 1	_ 1		139.72		139.72	.056		139.72	•	7.76
SNF/ICF	0	0		.00		.00	.000	-	.00		.00
OUTPATIENTS	1	1		139.72		139.72	.056	1	139.72		7.76
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
	0	0	\$.00	\$.000	ċ	.00	ċ	
@DENTIST	0	0	Ą		Ą	.00		Ą		ş	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	U	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			ES MO	ONTH-OF-PAYMENT R	EPORT					PΔ	GE 9,630
MOP024	FEE-FOR-SERVICE		(LD) 11C	SIVIII OI IIIIIIIIVI IC	.DI OIKI	. I OIL OIM .	2001 111110 1	, LC 2 C	701	111	03/14/05
PLACER COUNTY		ICES FOR 60-DAY	DOGT	DADTIM DDOCDAM		AID CODE	76				00/14/00
INVORV COONTI	SOUTHART OF SERV	TOTO FOR DO-DAY	LODI	TANTON TROGRAM		WID CODE		иппп	√ 7/17⊏D7	CF -	
10 ELICIBLES	HOEDO	INTER OF CERTICE		EADEMPILLIDEO	71 77	DACE COCE	MC				
18 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS				OST PER
		OR DAYS OF CARE	1		PEF	K UNIT/DAY	PER ELIG	Ĺ	JSER	E	LIGIBLE

@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MO	ONTH-OF-PAYMENT RE	PORT FOR JAN	2004 THRU DI	EC 2004	PAGE 9,631
MOP024	FEE-FOR-SERVICE/DENTAL	ı					03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FO	R 60-DAY POST	PARTUM PROGRAM	AID CODE	76		
						NTHLY AVERAG	· -
18 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER

					11010	ITITLE AVEIVA	LOLD .	
18 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER]	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00		.00
@STATE HOSPITAL	0	0 \$	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	0	0 \$	\$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	0	0	.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0 \$	\$.00	\$.00	.000 \$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	ES MONTH-OF	F-PAYMENT I	REPORT	FOR JAN 200	4 THRU	DEC 200	4	PAGE	9,632
MOP024	FEE-FOR-SERVICE/DENTA	L								03	/14/05
PLACER COUNTY	SUMMARY OF SERVICES FO	OR 60-DAY	POST PARTUN	1 PROGRAM		AID CODE 76	5				
							M	ONTHLY	AVERA	GE	

18 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,633 MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

----- MONTHLY AVERAGE -----

PLACER COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

					MON'	HLY AVERAG	-E
8,884 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	5,971	28,574 \$	3,503,548.91	\$ 122.61	3.216 \$	586.76	\$ 394.37
@PHYSICIANS SERVICES	3 , 777	10,307 \$	817,253.63	\$ 79.29	1.160 \$	216.38	\$ 91.99
OUTPATIENT VISITS	2,511	3,859	198,365.67	51.40	.434	79.00	22.33
OFFICE VISITS	1,294	1,736	60,938.89	35.10	.195	47.09	6.86
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	354	399	21,027.18	52.70	.045	59.40	2.37
PREVENTIVE CARE	1	1	68.73	68.73	.000	68.73	.01
OB VISITS/COMPRE PERI	1,014	1,646	114,222.75	69.39	.185	112.65	12.86
OTHER OUTPATIENT	72	77	2,108.12	27.38	.009	29.28	.24
	468	1,521	113,297.37	74.49			
INPATIENT VISITS		•			.171	242.09	12.75
HOSPITAL VISITS	432	955	42,507.63	44.51	.107	98.40	4.78
CRITICAL CARE	51	566	70,789.74	125.07	.064	1388.03	7.97
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	7	316.25	45.18	.001	79.06	.04
EXAMINATIONS	4	7	316.25	45.18	.001	79.06	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	581	2,021	361,645.20	178.94	.227	622.45	40.71
PRINCIPAL SURGEON	395	418	307,720.78	736.17	.047	779.04	34.64
ASSISTANT SURGEON	74	75	13,847.28	184.63	.008	187.13	1.56
ANESTHESIOLOGIST	185	1,528	40,077.14	26.23	.172	216.63	4.51
OUTPATIENT SURGERY	254	460	30,983.70	67.36	.052	121.98	3.49
PRINCIPAL SURGEON	230	285	25,508.31	89.50	.032	110.91	2.87
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	60	175	5,475.39	31.29	.020	91.26	.62
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	334	656	10,487.36	15.99	.074	31.40	1.18
RADIOLOGY	860	1,201	73,338.19	61.06	.135	85.28	8.26
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	99	248	7,649.47	30.84	.028	77.27	.86
OTHER SERVICES/ALL X-OVERS	201	334	21,170.42	63.38	.038	105.33	2.38
@PHARMACY	1,925	3,573 \$	•	\$ 47.22	.402 \$	87.65	
PRESCRIPTION DRUGS	1,893	3,373	159,001.10	47.08	.380	83.99	17.90
	•		•				
SNF/ICF	1 000	0	.00	.00	.000	.00	.00
OUTPATIENTS	1,893	3,377	159,001.10	47.08	.380	83.99	17.90
MEDICAL SUPPLIES	87	196	9,722.22	49.60	.022	111.75	1.09
@DENTIST	12	35 \$	471.00	\$ 13.46	.004 \$	39.25	•
VISITS - DIAGNOSTIC	11	34	386.00	11.35	.004	35.09	.04
ORAL SURGERY	1	1	85.00	85.00	.000	85.00	.01
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	0	.00	.00	.000	.00	.00
	_	-	. 3 0				

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,634 MOP024 FEE-FOR-SERVICE/DENTAL

PLACER COUNTY

SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

03/14/05

PLACER COUNTY	SUMMARY OF SERV	ICES FOR 185% AN	- 00 ע	-DAY PP TOTAL, COI	JES	44 4 / 48 45	, 69 /6 M	∩NIT	משולע אווים א	CF	
0 004 FITCIDIES	HCEDC	INTER OF CEDITOR		EADENDIMIDEC	7. 7. 7.	EDACE COCH				.GE	
8,884 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
O O DECMEED TOE	0	OR DAYS OF CARE		0.0		R UNIT/DAY			USER	Ċ	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	Ş	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$		\$.00	.000	Ş	.00	Ş	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	68	137	\$		\$	51.25	.015	Ś	103.26	Ś	.79
NURSE ANESTHESIST	0	0	Ś	•	\$.00		\$.00	\$.00
NURSE MIDWIFE	10	60	Š		\$	37.76	.007		226.53		.25
PEDIATRIC NURSE PRACTITIONER		0	Ś		\$.00	.000			\$.00
FAMILY NURSE PRACTITIONER	0	0	Ċ		\$.00	.000		.00		.00
@TOTAL HOSPITAL	1,670	7,859	ب د		\$	285.11	.885	۲	1341.72		252.21
HOSP INPATIENT TOTAL	423	1,663	٧	2,105,599.93	۲	1266.15	.187	۲	4977.78	ې	237.01
		•				1200.13					
HSC HOSPITALS	291	1,075		1,427,445.16		1327.86	.121		4905.31		160.68
NON-HSC HOSPITAL TOTAL	135	588		678,154.77		1153.32	.066		5023.37		76.33
ACCOMMODATIONS	135	588		305,779.27		520.03	.066		2265.03		34.42
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	135	588		305 , 779.27		520.03	.066		2265.03		34.42
ANCILLARIES	135	0		372 , 375.50		.00	.000		2758.34		41.92
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,421	6 , 196		135,067.65		21.80	.697		95.05		15.20
MEDICAL	99	250		18,213.11		72.85	.028		183.97		2.05
SURGERY	120	195		6,173.28		31.66	.022		51.44		.69
PATHOLOGY	743	2,463		29 , 122.81		11.82	.277		39.20		3.28
RADIOLOGY	236	271		16,723.82		61.71	.031		70.86		1.88
ROOM USE	722	1,010		37,572.24		37.20	.114		52.04		4.23
CROSSOVERS/ALL OTH OUTPTNT		2,007		27,262.39		13.58	.226		48.60		3.07
@COUNTY HOSPITAL TOTAL	4	48	\$	1,821.64	\$.005	Ś	455.41	Ś	.21
CO HOSPITAL INPATIENT TOTAL	-	0	٧	.00	۲	.00	.000	Ψ	.00	۲	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
	0	0									
ACCOMMODATIONS	-			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	4	48		1,821.64		37.95	.005		455.41		.21
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	3	5		124.72		24.94	.001		41.57		.01
PATHOLOGY	3	18		386.50		21.47	.002		128.83		.04

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	4	12	773.88	64.49	.001	193.47	.09
CROSSOVERS/ALL OTH OUTPINT	3	13	536.54	41.27	.001	178.85	.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2004	THRU DEC	2004	PAGE 9,635
MOP024	FEE-FOR-SERVICE/DENTAL	<u>L</u>					03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FO	OR 185% AND 6	50-DAY PP TOTAL, CODES 44	4 47 48 49 69	76		

				MONTHLY AVERAGE					
8,884 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER	COSI	Γ PER
		OR DAYS OF CAR	Ξ		PER UNIT/DAY	PER ELIG	USER	ELIC	GIBLE
@COMMUNITY HOSPITAL TOTAL	1,667	7,811	\$	2,238,845.94	\$ 286.63	.879	\$ 1343.04	\$ 25	52.01
COMM HOSP INPATIENT TOTAL	423	1,663		2,105,599.93	1266.15	.187	4977.78	23	37.01
HSC HOSPITALS	291	1,075		1,427,445.16	1327.86	.121	4905.31	16	60.68
NON-HSC HOSPITALS TOTAL	135	588		678 , 154.77	1153.32	.066	5023.37	7	76.33
ACCOMMODATIONS	135	588		305,779.27	520.03	.066	2265.03	3	34.42
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	135	588		305,779.27	520.03	.066	2265.03	3	34.42
ANCILLARIES	135	0		372,375.50	.00	.000	2758.34	4	41.92
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	1,418	6,148		133,246.01	21.67	.692	93.97	1	15.00
MEDICAL	99	250		18,213.11	72.85	.028	183.97		2.05
SURGERY	117	190		6,048.56	31.83	.021	51.70		.68
PATHOLOGY	740	2,445		28,736.31	11.75	.275	38.83		3.23
RADIOLOGY	236	271		16,723.82	61.71	.031	70.86		1.88
ROOM USE	719	998		36,798.36	36.87	.112	51.18		4.14
CROSSOVERS/ALL OTH OUTPINT	558	1,994		26,725.85	13.40	.224	47.90		3.01
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1,207	3 , 466	\$	50,460.46	\$	14.56	.390	\$	41.81	\$	5.68
PATHOLOGY	1,207	3,466		50,460.46		14.56	.390		41.81		5.68
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	601	2,021	\$	179,863.07	\$	89.00	.227	\$	299.27	\$	20.25
CLINIC	292	1,313		49,612.30		37.79	.148		169.91		5.58
SURGICENTER	12	89		2,433.10		27.34	.010		202.76		.27
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	298	619		127,817.67		206.49	.070		428.92		14.39
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITU	JRES	MONTH-OF-PAYMENT RI	EPORI	FOR JAN	2004 THRU	DEC	2004	PA	GE 9,636
MOP024	FEE-FOR-SERVICE/DENT	TAL									03/14/05

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 8,884 ELIGIBLES USERS EXPENDITURES UNITS OF SERVICE COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1,116 @ALL OTHER PROVIDERS 273 36,822.78 33.00 .126 \$ 134.88 \$ 4.14 12 11 1,386.93 115.58 126.08 DURABLE MED. EQUIP. .001 .16 0 0 .00 BLOOD BANK .00 .00 .000 .00 0 HEARING AID DISPENSERS 0 .00 .00 .000 .00 .00 12,653.02 MEDICAL TRANSPORTATION 49 759 16.67 .085 258.22 1.42 48 756 9,568.14 12.66 199.34 .085 1.08 AMBULANCES/AIR TRANS OTHER TRANS 0 0 .00 .00 .000 .00 .00 3 OTHER SERVICES 3,084.88 1028.29 .000 1028.29 .35 .00 .00 .000 .00 .00 ACUPUNCTURE 0 ADULT DAY HEALTH CARE CTR 0 .00 .00 .000 .00 .00 205 205 21,525.00 GENETIC DISEASE TESTING 105.00 .023 105.00 2.42 0 .00 .00 .00 .000 .00 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST 0 .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 .00 .00 PHYSICAL THERAPIST .00 .000 PORTABLE X-RAY .00 .00 .000 .00 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 .00 .000 .00 PROSTHETICS .00 ORTHOTICS .00 .00 .000 .00 PSYCHOLOGIST 0 .00 .00 .000 .00 .00 15 407.54 135.85 SPEECH AND AUDIOLOGY 27.17 .002 0 .00 .00 .00 HOSPICE SERVICES .000 .00 .00 NONINST BIRTHING CENTERS 0 .00 .00 .000 .00 124 819.62 102.45 6.61 .014 LOCAL EDUCATION AGENCIES 0 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE .000 .00 .00 0 .00 .00 RESPIRATORY CARE PRACT. .000 .00

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SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

PLACER COUNTY

PED SUBACUTE REHAB/WEANING

ALL OTHER PROVIDERS	1	1	30.67	30.67	.000	30.67	.00
@CALIF. CHILDREN SERVICES*	76	4,767	\$ 509,262.10	\$ 106.83	.537	\$ 6700.82	\$ 57.32
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,637 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

PLACER COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16 ----- MONTHLY AVERAGE -----1,269 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1,082 41,192 \$ 635,995.21 \$ 15.44 32.460 \$ 587.80 \$ 501.18 @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES 182 417 5,719.22 \$ 13.72 .329 \$ 31.42 \$ 5 OUTPATIENT VISITS 104.80 20.96 .004 20.96 .08 OFFICE VISITS 104.80 20.96 .004 20.96 .08 .00 HOME VISITS .00 .000 .00 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 .00 PREVENTIVE CARE .00 .000 .00 .00 .00 Ω .00 .000 .00 OB VISITS/COMPRE PERI .00 OTHER OUTPATIENT .00 .000 .00 . 00 .00 .00 INPATIENT VISITS .002 .00 .00 HOSPITAL VISITS .00 .002 .00 .00 .00 .00 CRITICAL CARE .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES 8.01 8.01 .001 8.01 .01 8.01 8.01 8.01 EXAMINATIONS .001 . 01 .00 .00 .00 .000 . 00 SERVICES AND MATERIALS .00 .00 .00 INPATIENT HOSPITAL SURGERY .000 .00 .00 .00 .00 .00 .00 .00 .00 .00 10.53 10.76 PRINCIPAL SURGEON .00 .00 .000 .00 .00 .00 .00 ASSISTANT SURGEON .000 .00 Ω .00 .00 ANESTHESIOLOGIST .000 .00 .00 OUTPATIENT SURGERY .001 .00 .00 .00 PRINCIPAL SURGEON .001 . 00 .00 .00 .000 ASSISTANT SURGEON .00 .00 ANESTHESIOLOGIST .000 .00 .00 DIALYSIS .000 .00 1 3 0 0 0 0 173 404 34,386 4,967 10.53 .001 10.53 PATHOLOGY 32.29 10.76 .002 .03 RADIOLOGY .00 .00 .000 .00 PSYCHIATRY .00 .00 .00 .000 .00 IMMUNIZATION AND INJECTION 5,563.59 OTHER SERVICES/ALL X-OVERS 13.77 .318 32.16 4.38 27.097 \$ 409.82 \$ 330.69 @PHARMACY 1,024 419,650.56 \$ 12.20 1,016 82.48 3.914 403.20 PRESCRIPTION DRUGS 409,654.93 SNF/ICF 37 256 17,884.64 69.86 .202 483.37 14.09 3.712 986 397.33 4,711 391,770.29 83.16 308.72 OUTPATIENTS MEDICAL SUPPLIES 104 29,419 9,995.63 .34 23.183 96.11 44 163 .128 \$ 172.30 \$ @DENTIST 7,581.00 \$ 46.51 5.97 31 88 1,352.00 15.36 .069 43.61 VISITS - DIAGNOSTIC 1.07 .035 1.3 38.43 130.08 1.33 ORAL SURGERY 1,691.00 0 0 .00 .00 DRUGS .00 .000 .00 .00 .00 .00 .000 . 00 ANESTHESTA 20.00 20.00 .001 20.00 PERIODONTICS .00 .00 .000 .00 ENDODONTICS .00 .00 978.00 16 163.00 RESTORATIVE DENTISTRY .013 .77 .00 .00 PROSTHETICS .00 .000 . 00

DENTURES, STAYPLATES	8	13	3,540.00	272.31	.010	442.50	2.79
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES M	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DI	EC 2004	PAGE 9,638
MOP024	FEE-FOR-SERVICE/DEN	ΓAL					03/14/05
PLACER COUNTY	SUMMARY OF SERVICES	FOR TITLE II DI	SREGARD - AGED	AID CODE	16		

PLACER COUNTY	SUMMARY OF SERV	ICES FOR	TITLE I	I DI	SREGARD - AGED		AID CODE	16				00/11/00
								MO	INC	THLY AVERA	GE	
1,269 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	S	COST PER		COST PER
·		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	24		54	\$	1,265.99	\$	23.44	.043	\$	52.75	\$	1.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	16		45		741.77		16.48	.035		46.36		.58
OTHER OPTOMETRIC SERVICES	8		9		524.22		58.25	.007		65.53		.41
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	30		47	\$	383.99	\$	8.17	.037	\$	12.80	\$.30
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	30		47		383.99		8.17	.037		12.80		.30
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1		9	\$	42.66	\$	4.74	.007		42.66	\$.03
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	70		662	\$	20,637.91	\$	31.18	.522	\$	294.83	\$	16.26
HOSP INPATIENT TOTAL	12		0		10,532.09		.00	.000		877.67		8.30
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	12		0		10,532.09		.00	.000		877.67		8.30
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	60		662		10,105.82		15.27	.522		168.43		7.96
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT			662		10,105.82		15.27	.522		168.43		7.96
@COUNTY HOSPITAL TOTAL	0		0	\$		\$.00	.000	\$		\$.00
CO HOSPITAL INPATIENT TOTAL			0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE		RES M	ONTH-OF-PAYMENT R	REPORT	FOR JAN	2004 THRU	DEC	2004	P.	AGE 9,639 03/14/05
PLACER COUNTY		ICES FOR TITLE 1	T DT	SREGARD - AGED		AID CODE	16				
TENODIK GOOMTI	DOIMMING OF DERIV	1020 1010 11122 1				1110 0000		тиот	HLY AVERA	GE	
1,269 ELIGIBLES	USERS	UNITS OF SERVICE	7.	EXPENDITURES	AVE	RAGE COST	UNITS/DAY		COST PER		COST PER
1,200 221012220	00210	OR DAYS OF CARE				UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	70	662	ŝ	20,637.91	Ś	31.18	.522		294.83		16.26
COMM HOSP INPATIENT TOTAL	12	0		10,532.09		.00	.000		877.67		8.30
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	12	0		10,532.09		.00	.000		877.67		8.30
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	60	662		10,105.82		15.27	.522		168.43		7.96
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	60	662		10,105.82		15.27	.522		168.43		7.96
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	¥	.00	Υ	.00	.000	۲	.00	۲	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	39	852	Ś	128,788.51	\$	151.16	.671	Ś		Ś	101.49
LEV A-INTERMEDIATE	0	0	Y	.00	Υ	.00	.000	۲	.00	۲	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B SOBACOTE HISTEL BASED LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	39	852		128,788.51		151.16	.671		3302.27		101.49
@INTERMEDIATE CARE FACILDD	0	0	Ś	.00	Ś	.00	.000	Ś		Ś	.00
ICF DDH	0	0	¥	.00	~	.00	.000	~	.00	~	.00
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@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

INDEPENDENT FACILITY

HOSPITAL BASED

HOSPITAL BASED

XO AND OTHERS

PATHOLOGY

@LABORATORY FACILITY

@ORGANIZED OUTPATIENT CLINIC	34	75	\$	4,732.30	\$	63.10	.059	\$ 139.19	\$	3.73
CLINIC	1	4		134.40		33.60	.003	134.40		.11
SURGICENTER	4	7		827.06		118.15	.006	206.77		.65
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	31	64		3,770.84		58.92	.050	121.64		2.97
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES	MONTH-OF-PAYMENT F	REPORT :	FOR JAN	2004 THRU I	DEC 2004]	PAGE 9,640
MOP024	FEE-FOR-SERVICE	/DENTAL								03/14/05
PLACER COUNTY	SUMMARY OF SERV	ICES FOR TITLE	II D	ISREGARD - AGED		AID CODE	16			
							MC	NTHLY AVER	AGE	
1,269 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVER.	AGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	195	4,511	\$	41,581.09	\$	9.22	3.555	\$ 213.24	\$	32.77
DURABLE MED. EQUIP.	4	5		288.46		57.69	.004	72.12		.23
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	5	6		2,699.95		449.99	.005	539.99		2.13
MEDICAL TRANSPORTATION	36	3,464		7,751.31		2.24	2.730	215.31		6.11
AMBULANCES/AIR TRANS	2	4		193.20		48.30	.003	96.60		.15
OTHER TRANS	33	3 , 456		7,548.26		2.18	2.723	228.74		5.95
OTHER SERVICES	1	4		9.85		2.46	.003	9.85		.01
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	6	34		2,365.72		69.58	.027	394.29		1.86
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	30	729		23,664.80		32.46	.574	788.83		18.65
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	22	50		603.43		12.07	.039	27.43		.48
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	5	10		6.94		.69	.008	1.39		.01
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	4	7		1,887.05	;	269.58	.006	471.76		1.49

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	94	206		2,313.43	11.23	.162	24.61	1.82
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	328	1,493	\$	64,024.10	\$ 42.88	1.177	\$ 195.20	\$ 50.45
O+ MOMATO TAL MURGO TEARS AND CITE	N	TATEODAG ELONI	T T T T T T T T T T T T T T T T T T T	7.77				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,641
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
PLACER COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

PLACER COUNTY	SUMMARY OF SER	VICES FOR TITLE II	DISREGARD - BLIND	AII	CODES 26	6A		
						MON		
36 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			R UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	32	184 \$	•	\$	67.89	5.111		\$ 347.01
@PHYSICIANS SERVICES	6	15 \$		\$	10.57	.417		\$ 4.41
OUTPATIENT VISITS	0	0	.00		.00	.000	.00	.00
OFFICE VISITS	0	0	.00		.00	.000	.00	.00
HOME VISITS	0	0	.00		.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00		.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00		.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00		.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00		.00	.000	.00	.00
INPATIENT VISITS	0	0	.00		.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00		.00	.000	.00	.00
CRITICAL CARE	0	0	.00		.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00		.00	.000	.00	.00
EXAMINATIONS	0	0	.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00		.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00		.00	.000	.00	.00
DIALYSIS	0	0	.00		.00	.000	.00	.00
PATHOLOGY	0	0	.00		.00	.000	.00	.00
RADIOLOGY	0	0	.00		.00	.000	.00	.00
PSYCHIATRY	0	0	.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	6	15	158.59		10.57	.417	26.43	4.41
@PHARMACY	29	142 \$	10,687.11	\$	75.26	3.944	368.52	\$ 296.86
PRESCRIPTION DRUGS	29	142	10,687.11		75.26	3.944	368.52	296.86
SNF/ICF	0	0	.00		.00	.000	.00	.00
OUTPATIENTS	29	142	10,687.11		75.26	3.944	368.52	296.86
MEDICAL SUPPLIES	0	0	.00		.00	.000	.00	.00
@DENTIST	2	9 \$	300.00	\$	33.33	.250	150.00	\$ 8.33
VISITS - DIAGNOSTIC	2	6	128.00		21.33	.167	64.00	3.56
ORAL SURGERY	0	0	.00		.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1		3		172.00		57.33	.083		172.00		4.78
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	•	ES AND EXPE	-	IRES N	MONTH-OF-PAYMENT RI	EPORT			EC		P	AGE 9,642
MOP024	FEE-FOR-SERVICE)ICEO I		DI OI(I	1010 07110 2	2001 111110 1	,пс	2001		03/14/05
PLACER COUNTY		•	ים.דיידים	TT DI	ISREGARD - BLIND	Z T D	CODES 26	6 A				03/14/03
I DACEN COONII	SOPPART OF SERV	TCES FOR 1		11 01	ISKEGAKD BEIND	AID	CODED 20	MC	ידינוני	HIV AVERA	CF .	
36 ELIGIBLES	USERS	UNITS OF S	CEDIII C	יםי	EXPENDITURES	7/ 7/17	DACE COCH	UNITS/DAYS		COST PER		COST PER
20 FILGIBLES	USEKS	OR DAYS			EXECUDITORES		UNIT/DAY		'	USER		ELIGIBLE
CODMONEMPTOM	0	OR DAIS (0.0			PER ELIG	ċ			
@OPTOMETRIST	0		0	\$.00	\$.00	.000	Þ	.00	Ş	.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	U		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	U		0	\$.00	\$.00		\$.00	Ş	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	Ü		0		.00		.00	.000		.00		.00
@PODIATRIST_	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1		1	\$	1.46	\$	1.46	.028	\$	1.46	\$.04
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1		1		1.46		1.46	.028		1.46		.04
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		Ö		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	-		1		1.46		1.46	.028		1.46		.04
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL			0	Y	.00	7	.00	.000	Υ	.00	Y	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
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NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	Ÿ					PAGE 9,643
MOP024	FEE-FOR-SERVICE/DENTAL	WEFNDIIOVES M	ONIH-OF-FAIMENI KI	EFORT FOR JAN 2	2004 INKO DEC	2004	03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR	י חדיים דד הד	CDECADD - DITND	AID CODES 26	67		03/14/03
FLACER COUNTI	SUMMARI OF SERVICES FOR	TITTE II DI	SKEGAKD - BLIND	AID CODES 20	MONT	III V 7777777	SE
36 ELIGIBLES	USERS UNITS (F SERVICE	EXPENDITURES	AVERAGE COST		HLI AVERAC COST PER	COST PER
30 FILGIBLES			EXPENDITORES		PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	OR DAY	S OF CARE 1 \$	1.46	PER UNIT/DAY \$ 1.46	.028 \$	1.46	-
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.020 9	.00	.00
HSC HOSPITALS	0	0		.00		.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
	0	0	.00			.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0		.00	.000		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	U	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	1	1.46	1.46	.028	1.46	.04
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000		.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	•	.00	.00	.000	.00	.00
ROOM USE	U	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	1.46	1.46	.028	1.46	.04
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	U	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	O	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	U	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	U	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00

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LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

000000000000000000000000000000000000000	0		0	<u>^</u>	0		a	0.00	A 0.0	<u> </u>	0.0
@REHABILITATION FACILITY	0		0	\$.0		\$.00	.000		\$.00
HOSPITAL BASED	0		0		.0		.00	.000	.00		.00
INDEPENDENT FACILITY	0		0		.0		.00	.000	.00		.00
@LABORATORY FACILITY	0		0	\$.0		\$.00	.000	•	Ş	.00
PATHOLOGY	0		0		.0		.00	.000	.00		.00
XO AND OTHERS	0		0		.0		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	11		15	\$	1,311.4		•	.417	•	\$	36.43
CLINIC	0		0		.0		.00	.000	.00		.00
SURGICENTER	1		2		31.5	8	15.79	.056	31.58		.88
HEROIN DETOX CLINIC	0		0		.0		.00	.000	.00		.00
RURAL HEALTH CLINIC	10		13		1,279.8	4	98.45	.361	127.98		35.55
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXI	PENDITUR	RES MOI	NTH-OF-PAYMENT	REF	PORT FOR JAN 2	2004 THRU I	DEC 2004	PA	GE 9,644
MOP024	FEE-FOR-SERVICE	:/DENTAL									03/14/05
PLACER COUNTY	SUMMARY OF SERV	ICES FOR	TITLE I	I DIS	REGARD - BLIND)	AID CODES 26	6A			
								MC	ONTHLY AVERA	AGE -	
36 ELIGIBLES	USERS	UNITS OF	SERVICE	1	EXPENDITURE	S	AVERAGE COST	UNITS/DAYS	S COST PER	С	OST PER
		OR DAYS					PER UNIT/DAY		USER		LIGIBLE
@ALL OTHER PROVIDERS	2		2	\$	33.8	0	\$ 16.90	.056			.94
DURABLE MED. EQUIP.	0		0	7	.0		.00	.000	.00	-	.00
BLOOD BANK	0		0		.0		.00	.000	.00		.00
HEARING AID DISPENSERS	0		0		.0		.00	.000			.00
MEDICAL TRANSPORTATION	0		0		.0		.00	.000	.00		.00
	0		0								
AMBULANCES/AIR TRANS	0		0		.0		.00	.000	.00		.00
OTHER TRANS	0				.0		.00	.000	.00		.00
OTHER SERVICES	U		0		.0		.00	.000			.00
ACUPUNCTURE	0		0		.0		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0		0		.0		.00	.000	.00		.00
GENETIC DISEASE TESTING	0		0		.0		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0		0		.0	0	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0		0		.0	0	.00	.000	.00		.00
OPTICIAN	0		0		.0	0	.00	.000	.00		.00
PHYSICAL THERAPIST	0		0		.0	0	.00	.000	.00		.00
PORTABLE X-RAY	0		0		.0	0	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0		0		.0	0	.00	.000	.00		.00
PROSTHETICS	0		0		.0	0	.00	.000	.00		.00
ORTHOTICS	0		0		.0	0	.00	.000	.00		.00
PSYCHOLOGIST	0		0		.0	0	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	1		1		25.0		25.00	.028	25.00		.69
HOSPICE SERVICES	0		0		.0		.00	.000	.00		.00
NONINST BIRTHING CENTERS	0		0		.0		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0		0		.0		.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0		0		.0		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0		0		.0		.00	.000	.00		.00
	0		0		.0		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	1		1								
ALL OTHER PROVIDERS	1		1	Ċ	8.8		8.80	.028	8.80	Ċ	.24
@CALIF. CHILDREN SERVICES*	0		0	\$.0		\$.00	.000			.00
@XOVER EXCLUDING STATE HOSP**			19		200.4	3	\$ 10.55	.528	\$ 33.41	\$	5.57
0* TOTALS IN THESE LINES ARE											
THE AMOUNTS ARE ALREADY IN					ABOVE.						
** THESE DATA ARE INCLUDED I											
	MEDI-CAL SERVIC		PENDITUR	RES MOI	NTH-OF-PAYMENT	' REF	PORT FOR JAN 2	2004 THRU I	DEC 2004	PA	GE 9,645
	FEE-FOR-SERVICE										03/14/05
PLACER COUNTY	SUMMARY OF SERV	ICES FOR	TITLE I	I DIS	REGARD - DISAB	LED	AID CODES 36				
								MC	ONTHLY AVERA	AGE -	
1,209 ELIGIBLES	USERS	UNITS OF	SERVICE	1	EXPENDITURE	S	AVERAGE COST	UNITS/DAYS	S COST PER	С	OST PER
		OR DAYS	OF CARE	1			PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE

@TOTAL, ALL PROVIDERS	1,041	27,785	\$ 624,034.85	\$ 22.46	22.982	\$ 599.46	\$ 516.16
@PHYSICIANS SERVICES	162	1,206	\$ 7,934.34	\$ 6.58	.998	\$ 48.98	\$ 6.56
OUTPATIENT VISITS	7	6	71.94	11.99	.005	10.28	.06
OFFICE VISITS	6	5	70.65	14.13	.004	11.78	.06
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.001	68.35	.06
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	67.06CR	.00	.000	.00	.06CR
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	6	100.04	16.67	.005	50.02	.08
PRINCIPAL SURGEON	1	1	.00	.00	.001	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	5	100.04	20.01	.004	100.04	.08
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	28.46	14.23	.002	14.23	.02
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	153	1,192	7,733.90	6.49	.986	50.55	6.40
@PHARMACY	943	21,640	\$ 525,816.76	\$ 24.30	17.899	\$ 557.60	\$ 434.92
PRESCRIPTION DRUGS	934	4,250	497,523.15	117.06	3.515	532.68	411.52

SNF/ICF OUTPATIENTS	3 932	38 4,212		2,707.35 494,815.80		1.25 7.48	.031	902.45 530.92		2.24 409.28
MEDICAL SUPPLIES	102	17,390		28,293.61		1.63	14.384	277.39		23.40
@DENTIST	81	350	\$	11,841.95		3.83	.289		\$	9.79
VISITS - DIAGNOSTIC	54	213		2,662.95		2.50	.176	49.31		2.20
ORAL SURGERY	10	18		897.00	4	9.83	.015	89.70		.74
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	2	3		318.00	10	6.00	.002	159.00		.26
ENDODONTICS	6	6		1,940.00	32	3.33	.005	323.33		1.60
RESTORATIVE DENTISTRY	27	80		3,948.00	4	9.35	.066	146.22		3.27
PROSTHETICS	1	1		30.00	3	0.00	.001	30.00		.02
DENTURES, STAYPLATES	5	29		2,046.00	7	0.55	.024	409.20		1.69
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	1	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES AND E FEE-FOR-SERVICE/DENTAL	EXPENDITURE	S MONTH-	-OF-PAYMENT RE	EPORT FO	R JAN :	2004 THRU	DEC 2004	PA	AGE 9,646 03/14/05

PLACER COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

PLACER COUNTY	SUMMARI OF SER	VICES FOR	TITLE I	ד א	SKEGAKD - DISABLEL	AID	CODES 30	00 00			
									THLY AVERA	GE	
1,209 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES			UNITS/DAY	COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	25		63	\$	1,051.82	\$	16.70	.052	\$ 42.07	\$.87
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000	.00		.00
EYE APPLIANCES	21		55		900.63		16.38	.045	42.89		.74
OTHER OPTOMETRIC SERVICES	5		8		151.19		18.90	.007	30.24		.13
@CHIROPRACTOR	1		2	\$	33.44	\$	16.72	.002	\$ 33.44	\$.03
VISITS	0		0		.00		.00	.000	.00		.00
OTHER SERVICES	1		2		33.44		16.72	.002	33.44		.03
@PODIATRIST	7		7	\$	83.28	\$	11.90	.006	\$ 11.90	\$.07
MEDICINE/INJECTIONS	0		0		.00		.00	.000	.00		.00
SURGERY/ANES.	0		0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000	.00		.00
OTHER	7		7		83.28		11.90	.006	11.90		.07
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	74		531	\$	13,171.44	\$	24.80	.439	\$ 177.99	\$	10.89
HOSP INPATIENT TOTAL	9		0		7,204.55		.00	.000	800.51		5.96
HSC HOSPITALS	0		0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000	.00		.00
ANCILLARIES	0		0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	9		0		7,204.55		.00	.000	800.51		5.96
ALL OTHER INPATIENT	0		0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	67		531		5,966.89		11.24	.439	89.06		4.94
MEDICAL	0		0		.00		.00	.000	.00		.00
SURGERY	0		0		.00		.00	.000	.00		.00
PATHOLOGY	1		2		26.36		13.18	.002	26.36		.02

RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		34.31		34.31	.001	3	34.31		.03
CROSSOVERS/ALL OTH OUTPINT	67	528		5,906.22		11.19	.437	8	88.15		4.89
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUE	RES MONTH-OF	-PAYMENT R	EPORT	FOR JAN	2004 THRU	DEC 200) 4	PAGE	9,647
MOP024	FEE-FOR-SERVICE/DENTA	L								0.3	3/14/05
DIACED COUNTY	CHMMADY OF CEDITORS E	ים דיידים כר	T DICDECADE	- DICABLE	D 7 TD	CODEC 36	66 60				

----- MONTHLY AVERAGE -----

PLACER COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

							1.1		IIII AVIIKA	LOLD.	
1,209 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES		RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	C		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	74	531	\$	13,171.44	\$	24.80	.439	\$	177.99	\$	10.89
COMM HOSP INPATIENT TOTAL	9	0		7,204.55		.00	.000		800.51		5.96
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	9	0		7,204.55		.00	.000		800.51		5.96
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	67	531		5,966.89		11.24	.439		89.06		4.94
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	2		26.36		13.18	.002		26.36		.02
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	1	1		34.31		34.31	.001		34.31		.03
CROSSOVERS/ALL OTH OUTPINT	67	528		5,906.22		11.19	.437		88.15		4.89
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	6	69	\$	9,240.93	\$	133.93	.057	\$	1540.16	\$	7.64
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	6	69		9,240.93		133.93	.057		1540.16		7.64
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	13	15	\$	5,459.24	\$	363.95	.012	\$	419.94	\$	4.52
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	13	15		5,459.24		363.95	.012		419.94		4.52
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	5	22	\$	115.23	\$	5.24	.018	\$	23.05	\$.10
PATHOLOGY	2	4		33.83		8.46	.003		16.92		.03
XO AND OTHERS	3	18		81.40		4.52	.015		27.13		.07
@ORGANIZED OUTPATIENT CLINIC	90	129	\$	15,971.22	\$	123.81	.107	\$	177.46	\$	13.21
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	90	129		15,971.22		123.81	.107		177.46		13.21
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES	MONTH-OF-PAYMENT RI	EPORT	FOR JAN	2004 THRU	DEC	2004	ΡĀ	AGE 9,648
MOP024	FEE-FOR-SERVICE/DENTAL	ı									03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FO	R TITLE	II I	DISREGARD - DISABLE	D AID	CODES 36	66 6C				

----- MONTHLY AVERAGE -----EXPENDITURES 1,209 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 184 33,315.20 \$ 8.88 @ALL OTHER PROVIDERS 3**,**751 \$ 3.103 \$ 181.06 \$ 27.56 DURABLE MED. EQUIP. 3 413.02 59.00 .006 137.67 .34 3 0 0 BLOOD BANK .00 .00 .000 .00 HEARING AID DISPENSERS .00 .00 .000 .00 .00 23 176.24 1,771 4,053.61 2.29 MEDICAL TRANSPORTATION 1.465 3.35 0 AMBULANCES/AIR TRANS 0 .00 .00 .000 .00 .00 23 OTHER TRANS 1,771 4,053.61 2.29 1.465 176.24 3.35 .000 OTHER SERVICES .00 .00 .00 .00 ACUPUNCTURE 27.03 27.03 .001 27.03 958.66 7.14 ADULT DAY HEALTH CARE CTR 124 8,627.92 69.58 .103 GENETIC DISEASE TESTING 0 .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 20 2,798.65 139.93 932.88 .017 .00 11.00 .00 .00 17.51 17.51 OCCUPATIONAL THERAPIST 0 .00 .000 .00 .00 21.99 OPTICIAN 24 48 527.87 .040 .44 .00 .000 .00 PHYSICAL THERAPIST PORTABLE X-RAY .00 .000 .00 .00 17.51 PROSTHETIST/ORTHOTISTS 87.54 29.18 .004 .07 87.54 17.51 29.18 PROSTHETICS .004 .00 .00 .00 ORTHOTICS .000 .00 .00 .00 PSYCHOLOGIST 0 .00 .000 .00 295 11,806.60 40.02 187.41 SPEECH AND AUDIOLOGY .244 HOSPICE SERVICES .00 .00 .000 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS .000 .00 .00 LOCAL EDUCATION AGENCIES .000 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 .00 .00 .00 RESPIRATORY CARE PRACT. .000 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 4,972.96 ALL OTHER PROVIDERS 1,480 3.36 1.224 61.39 4.11 @CALIF. CHILDREN SERVICES* 0 .00 \$.000 \$.00 \$ Ω .00 .00 @XOVER EXCLUDING STATE HOSP** 272 5,838 51,680.19 \$ 4.829 \$ 190.00 \$ 8.85 42.75

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,649 MOP024 FEE-FOR-SERVICE/DENTAL

PLACER COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

PLACER COUNTY	SUMMARY OF SERV	ICES FOR	TITLE 1	TT D	DISREG	ARD - FAMIL	ILES	DISCONTIN					
									M	ГИО	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE	3		EXPENDITURE	S	AVERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE	3				PER UNIT/DAY	PER ELIG	÷	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.0	0	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0		0	Ś		.0	0	\$.00	.000	Ś	.00	\$.00
OUTPATIENT VISITS	0		Ō			.0		.00	.000		.00		.00
OFFICE VISITS	0		0			.0		.00	.000		.00		.00
HOME VISITS	0		0			.0		.00	.000		.00		.00
	0		0										
EMERGENCY ROOM						.0		.00	.000		.00		.00
PREVENTIVE CARE	0		0			.0		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0			.0		.00	.000		.00		.00
OTHER OUTPATIENT	0		0			.0		.00	.000		.00		.00
INPATIENT VISITS	0		0			.0	0	.00	.000		.00		.00
HOSPITAL VISITS	0		0			.0	0	.00	.000		.00		.00
CRITICAL CARE	0		0			.0	0	.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0			.0	0	.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		Ō			.0		.00	.000		.00		.00
EXAMINATIONS	0		0			.0		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0			.0		.00	.000		.00		.00
	0		0										
INPATIENT HOSPITAL SURGERY			-			.0		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0			.0		.00	.000		.00		.00
ASSISTANT SURGEON	0		0			.0		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0			.0		.00	.000		.00		.00
OUTPATIENT SURGERY	0		0			.0		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0			.0	0	.00	.000		.00		.00
ASSISTANT SURGEON	0		0			.0	0	.00	.000		.00		.00
ANESTHESIOLOGIST	0		0			.0	0	.00	.000		.00		.00
DIALYSIS	0		0			.0	0	.00	.000		.00		.00
PATHOLOGY	0		0			.0		.00	.000		.00		.00
RADIOLOGY	0		0			.0		.00	.000		.00		.00
PSYCHIATRY	0		0			.0		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0			.0		.00	.000		.00		.00
	0		-										
OTHER SERVICES/ALL X-OVERS	•		0	<u>^</u>		.0		.00	.000	<u> </u>	.00	<u> </u>	.00
@PHARMACY	0		0	\$.0		\$.00	.000	Ş	.00	\$.00
PRESCRIPTION DRUGS	0		0			.0		.00	.000		.00		.00
SNF/ICF	0		0			.0		.00	.000		.00		.00
OUTPATIENTS	0		0			.0	0	.00	.000		.00		.00
MEDICAL SUPPLIES	0		0			.0	0	.00	.000		.00		.00
@DENTIST	0		0	\$.0	0	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0		0			.0	0	.00	.000		.00		.00
ORAL SURGERY	0		0			.0	0	.00	.000		.00		.00
DRUGS	0		0			.0	0	.00	.000		.00		.00
ANESTHESIA	0		0			.0		.00	.000		.00		.00
PERIODONTICS	0		Ö			.0		.00	.000		.00		.00
ENDODONTICS	0		0			.0		.00	.000		.00		.00
	0		0										
RESTORATIVE DENTISTRY	0		-			.0		.00	.000		.00		.00
PROSTHETICS	•		0			.0		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0			.0		.00	.000		.00		.00
SPACE MAINTAINERS	0		0			.0		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0			.0		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0			.0	0	.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0			.0	0	.00	.000		.00		.00
ALL OTHER SERVICES	0		0			.0	0	.00	.000		.00		.00

03/14/05

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,650 MOP024 FEE-FOR-SERVICE/DENTAL

PLACER COUNTY

SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

03/14/05

I DACER COUNTI	SOMMANI OF SERVICE	ED FOIL	111111111111111111111111111111111111111	. DISKEG	AND PARILITES	L	TOCOMITING					
										HLY AVERA	-	
00 ELIGIBLES	USERS UI	NITS OF	SERVICE		EXPENDITURES			UNITS/DAYS	3 (COST PER		COST PER
	(OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.0	Λ	.00
ALL OTHER INPATIENT	0	0	.00	.00		.0		.00
	0	•						
HOSP OUTPATIENT TOTAL	U	0	.00	.00		.0		.00
MEDICAL	0	0	.00	.00		.0		.00
SURGERY	0	0	.00	.00		.0		.00
PATHOLOGY	0	0	.00	.00	.000	.0		.00
RADIOLOGY	0	0	.00	.00	.000	.0	0	.00
ROOM USE	0	0	.00	.00	.000	.0	0	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.0	0	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.O	0 \$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00		.0		.00
HSC HOSPITALS	0	0	.00	.00		.0		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00		.0		.00
	0	0						
ACCOMMODATIONS	U	0	.00	.00		.0		.00
ADMINISTRATIVE DAYS	0	0	.00	.00		.0		.00
TRANSITIONAL IP CARE	0	0	.00	.00		.0		.00
ALL OTHER ACCOM	0	0	.00	.00		.0		.00
ANCILLARIES	0	0	.00	.00	.000	.0	0	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.0	0	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.0	0	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.0	0	.00
MEDICAL	0	0	.00	.00		.0		.00
SURGERY	0	Û	.00	.00		.0		.00
PATHOLOGY	0	0	.00	.00		.0		.00
RADIOLOGY	0	0	.00	.00		.0		.00
	0	0						
ROOM USE	0	0	.00	.00		.0		.00
CROSSOVERS/ALL OTH OUTPINT		0	.00	.00		.0		.00
#CXIIE DEDE OF UFXIEU CEDN	MEDI-CAI CEDUICI			FPORT FOR IZ	IN 2004 THRII	DEC 2004	1	PAGE 9,651
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MON	TH-OF-PAIMENT R	EIONI FOR OF	11 2001 1111(0	DEC 2001	-	
MOP024	FEE-FOR-SERVICE,	/DENTAL				DEC 2001	-	03/14/05
	FEE-FOR-SERVICE,				INUED			03/14/05
MOP024	FEE-FOR-SERVICE,	/DENTAL		S DISCONT	CINUED	MONTHLY AVE		03/14/05
MOP024	FEE-FOR-SERVICE,	/DENTAL		S DISCONT	INUED	MONTHLY AVE	RAGE	03/14/05
MOP024 PLACER COUNTY	FEE-FOR-SERVICE, SUMMARY OF SERV	DENTAL ICES FOR TITLE II DISR	EGARD - FAMILIE	S DISCONT	CINUED	MONTHLY AVE	RAGE	03/14/05
MOP024 PLACER COUNTY	FEE-FOR-SERVICE, SUMMARY OF SERV	DENTAL CES FOR TITLE II DISR UNITS OF SERVICE	EGARD - FAMILIE	S DISCONT	TINUED N OST UNITS/DAY DAY PER ELIC	MONTHLY AVE 'S COST PE G USER	RAGE	03/14/05 COST PER ELIGIBLE
MOP024 PLACER COUNTY 00 ELIGIBLES	FEE-FOR-SERVICE, SUMMARY OF SERVI	DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE	EGARD - FAMILIE EXPENDITURES	S DISCONT AVERAGE CO PER UNIT/I \$.00	CINUED OST UNITS/DAY DAY PER ELIC O .000	MONTHLY AVE 'S COST PE G USER	RAGE R 0 \$	03/14/05 COST PER ELIGIBLE
MOP024 PLACER COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	FEE-FOR-SERVICE, SUMMARY OF SERV: USERS	DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$	EGARD - FAMILIE EXPENDITURES .00 .00	S DISCONT AVERAGE CO PER UNIT/I \$.00	CINUED OST UNITS/DAY DAY PER ELIC O .000	MONTHLY AVE OST PE USER S.0	RAGE R 0 \$	03/14/05 COST PER ELIGIBLE .00 .00
MOP024 PLACER COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	FEE-FOR-SERVICE, SUMMARY OF SERV: USERS	DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EGARD - FAMILIE EXPENDITURES .00 .00 .00	S DISCONT AVERAGE CO PER UNIT/I \$.00 .00	CINUED NOST UNITS/DAY PER ELIC 0 .000 .000 .000	MONTHLY AVE CS COST PE G USER \$.0 .0	RAGE R 0 \$ 0	03/14/05
MOP024 PLACER COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	FEE-FOR-SERVICE, SUMMARY OF SERV: USERS	DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EGARD - FAMILIE EXPENDITURES .00 .00 .00 .00	S DISCONT AVERAGE CO PER UNIT/E \$.00 .00 .00	CINUED NOST UNITS/DAY PER ELIC 0 .000 .000 .000 .000 .000 .000 .000	MONTHLY AVE CS COST PE S USER \$.0 .0	RAGE R 0 \$ 0 0	03/14/05 COST PER ELIGIBLE .00 .00 .00
MOP024 PLACER COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	FEE-FOR-SERVICE, SUMMARY OF SERV: USERS	DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EGARD - FAMILIE EXPENDITURES .00 .00 .00 .00	S DISCONT AVERAGE CO PER UNIT/I \$.00 .00 .00 .00	CINUED NOST UNITS/DAY PER ELIC 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000 0 .000	MONTHLY AVE CS COST PE S USER \$.0 .0 .0	RAGE R 0 \$ 0 0 0	03/14/05
MOP024 PLACER COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	FEE-FOR-SERVICE, SUMMARY OF SERV: USERS	DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EGARD - FAMILIE EXPENDITURES .00 .00 .00 .00 .00 .00	S DISCONT AVERAGE CO PER UNIT/E \$.00 .00 .00 .00 .00	CINUED NOST UNITS/DAY PER ELIC 0 .000	MONTHLY AVE CS COST PE S USER \$.0 .0 .0	RAGE R 0 \$ 0 0 0 0	03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00
MOP024 PLACER COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	FEE-FOR-SERVICE, SUMMARY OF SERV: USERS	DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EGARD - FAMILIE EXPENDITURES .00 .00 .00 .00 .00 .00 .00	S DISCONT AVERAGE CO PER UNIT/E \$.00 .00 .00 .00 .00 .00 .00	CINUED NOST UNITS/DAY PER ELIC 0 .000	MONTHLY AVE CS COST PE S USER \$.0 .0 .0 .0	RAGE R 0 \$ 0 0 0 0 0	03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00
MOP024 PLACER COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	FEE-FOR-SERVICE, SUMMARY OF SERV: USERS	DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EGARD - FAMILIE EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	S DISCONT AVERAGE CO PER UNIT/E \$.00 .00 .00 .00 .00 .00 .00 .00	CINUED NOST UNITS/DAY PER ELIC 0 .000	MONTHLY AVE S COST PE S USER \$.0 .0 .0 .0	RAGE R 0 \$ 0 0 0 0 0 0	03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00
MOP024 PLACER COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	FEE-FOR-SERVICE, SUMMARY OF SERV: USERS	DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EGARD - FAMILIE EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	S DISCONT AVERAGE CC PER UNIT/E \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	CINUED NOST UNITS/DAY PER ELICO .000 .000 .000 .000 .000 .000 .000 .0	MONTHLY AVE CS COST PE S USER \$.0 .0 .0 .0 .0 .0 .0	RAGE R 0 \$ 0 0 0 0 0 0 0	03/14/05
MOP024 PLACER COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	FEE-FOR-SERVICE, SUMMARY OF SERV: USERS	DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EGARD - FAMILIE EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	S DISCONT AVERAGE CC PER UNIT/E \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	CINUED NOST UNITS/DAY PER ELICO	MONTHLY AVE CS COST PE G USER \$.0 .0 .0 .0 .0 .0 .0 .0 .0 .0	RAGE R \$ 0 0 \$ 0 0 0 0 0 0 0 0 0	03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
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MOP024 PLACER COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	FEE-FOR-SERVICE, SUMMARY OF SERV: USERS	DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EGARD - FAMILIE EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	S DISCONT AVERAGE CC PER UNIT/I \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	CINUED NOST UNITS/DAY PER ELICO	MONTHLY AVE S COST PE S USER C C C C C C C C C C C C C C C	RAGE R 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0	03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 PLACER COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	FEE-FOR-SERVICE, SUMMARY OF SERV: USERS	DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EGARD - FAMILIE EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	S DISCONT AVERAGE CC PER UNIT/I \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	CINUED NOST UNITS/DAY PER ELICO	MONTHLY AVE S COST PE USER COST COST COST COST COST COST COST COST	RAGE R 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0	03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 PLACER COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	FEE-FOR-SERVICE, SUMMARY OF SERV: USERS	DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EGARD - FAMILIE EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	S DISCONT AVERAGE CO PER UNIT/I \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	CINUED NOST UNITS/DAY PER ELICO	MONTHLY AVE S COST PE S USER \$.0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .	RAGE R 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 PLACER COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	FEE-FOR-SERVICE, SUMMARY OF SERVICE, USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EGARD - FAMILIE EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	S DISCONT AVERAGE CC PER UNIT/I \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	CINUED NOT UNITS/DAY PER ELICO	MONTHLY AVE S COST PE S USER \$.0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .	RAGE R 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 PLACER COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	FEE-FOR-SERVICE, SUMMARY OF SERVICE, SUMMARY OF SERVICE, OCCUPANT OF SER	DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EGARD - FAMILIE EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	S DISCONT AVERAGE CC PER UNIT/I \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	CINUED NOT UNITS/DAY PER ELICO	MONTHLY AVE S COST PE S USER \$.0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .	RAGE R 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 PLACER COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	FEE-FOR-SERVICE, SUMMARY OF SERVICE, SUMMARY OF SERVICE, OCCUPANT OF SER	DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EGARD - FAMILIE EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	S DISCONT AVERAGE CC PER UNIT/E \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	CINUED NOT UNITS/DAY PER ELICO	MONTHLY AVE S COST PE S USER \$.0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .	RAGE R 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 PLACER COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	FEE-FOR-SERVICE, SUMMARY OF SERVICE, SUMMARY OF SERVICE, OCCUPANT OF SER	DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EGARD - FAMILIE EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	S DISCONT AVERAGE CC PER UNIT/E \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	CINUED NOT UNITS/DAY PER ELICO	MONTHLY AVE S COST PE S USER \$.0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .	RAGE R 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 PLACER COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	FEE-FOR-SERVICE, SUMMARY OF SERVICE, SUMMARY OF SERVICE, OCCUPANT OF SER	DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EGARD - FAMILIE EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	S DISCONT AVERAGE CC PER UNIT/I \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	CINUED NOT UNITS/DAY PER ELICO	MONTHLY AVE S COST PE S USER .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0	RAGE R 0 \$ 0 0 0 0 \$	03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 PLACER COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	FEE-FOR-SERVICE, SUMMARY OF SERVICE, SUMMARY OF SERVICE, O O O O O O O O O O O O O O O O O O O	DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EGARD - FAMILIE EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	S DISCONT AVERAGE CC PER UNIT/E \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	CINUED NOST UNITS/DAY PER ELICO	MONTHLY AVE (S COST PE (S USER	RAGE R 0 \$ 0	03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 PLACER COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	FEE-FOR-SERVICE, SUMMARY OF SERVICE, SUMMARY OF SERVICE, O O O O O O O O O O O O O O O O O O O	DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EGARD - FAMILIE EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	S DISCONT AVERAGE CC PER UNIT/E \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	CINUED NOT UNITS/DAY PER ELICO	MONTHLY AVE (S COST PE (S USER (S .0) .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0	RAGE R 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MOP024 PLACER COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	FEE-FOR-SERVICE, SUMMARY OF SERVICE, SUMMARY OF SERVICE, O O O O O O O O O O O O O O O O O O O	DENTAL ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EGARD - FAMILIE EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	S DISCONT AVERAGE CC PER UNIT/E \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	CINUED NOT UNITS/DAY PER ELICO	MONTHLY AVE (S COST PE (S USER (S .0) .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0 .0	RAGE R 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	03/14/05 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

LEV B-REHAB MD	0	0		.00		.00	.000	.0	0		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.0	0		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.0	0		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.0	0		.00
LEV B-REGULAR	0	0		.00		.00	.000	.0	0		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.0	0	\$.00
ICF DDH	0	0		.00		.00	.000	.0	0		.00
ICF DD	0	0		.00		.00	.000	.0	0		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.0	0		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.0	0	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.0	0		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.0	0		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.0	0	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.0	0		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.0	0		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.0	0	\$.00
PATHOLOGY	0	0		.00		.00	.000	.0	0		.00
XO AND OTHERS	0	0		.00		.00	.000	.0	0		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.0	0	\$.00
CLINIC	0	0		.00		.00	.000	.0	0		.00
SURGICENTER	0	0		.00		.00	.000	.0	0		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.0	0		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.0	0		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH-O	F-PAYMENT RE	PORT	FOR JAN 20	004 THRU	DEC 2004		PAGE	9,652
MOP024	FEE-FOR-SERVICE/DENTAL									03	/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR	TITLE :	II DISREGAR	D - FAMILIES		ISCONTINUE	ED				
						-	M	ONTHLY AVE	RAG	E	

					MON	THLY AVERAGI	Ξ
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,653 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

PLACER COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

					MONT	HLY AVERAGE]
2,514 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,155	69,161 \$	1,272,522.44	\$ 18.40	27.510 \$	590.50 \$	506.17
@PHYSICIANS SERVICES	350	1,638 \$	13,812.15	\$ 8.43	.652 \$	39.46 \$	5.49
OUTPATIENT VISITS	12	11	176.74	16.07	.004	14.73	.07
OFFICE VISITS	11	10	175.45	17.55	.004	15.95	.07
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.000	68.35	.03
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	67.06CR	.00	.000	.00	.03CR
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	2	.00	.00	.001	.00	.00
HOSPITAL VISITS	2	2	.00	.00	.001	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	8.01	8.01	.000	8.01	.00
EXAMINATIONS	1	<u></u>	8.01	8.01	.000	8.01	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	Ō	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	7	100.04	14.29	.003	33.35	.04
PRINCIPAL SURGEON	2	2	.00	.00	.001	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	5	100.04	20.01	.002	100.04	.04
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	3	38.99	13.00	.001	13.00	.02
RADIOLOGY	3	3	32.29	10.76	.001	10.76	.01
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	332	1,611	13,456.08	8.35	.641	40.53	5.35
@PHARMACY	1,996	56,168 \$	956,154.43	\$ 17.02	22.342 \$	479.04 \$	
PRESCRIPTION DRUGS	1,979	9,359	917,865.19	98.07	3.723	463.80	365.10
SNF/ICF	40	294	20,591.99	70.04	.117	514.80	8.19
OUTPATIENTS	1,947	9,065	897,273.20	98.98	3.606	460.85	356.91
MEDICAL SUPPLIES	206	46,809	38,289.24	.82	18.619	185.87	15.23
@DENTIST	127	522 \$		\$ 37.78	.208 \$	155.30 \$	
VISITS - DIAGNOSTIC	87	307	4,142.95	13.49	.122	47.62	1.65
ORAL SURGERY	23	62	2,588.00	41.74	.025	112.52	1.03
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	3	4	338.00	84.50	.002	112.67	.13
ENDODONTICS ENDODONTICS	6	6	1,940.00	323.33	.002	323.33	.13
RESTORATIVE DENTISTRY	34	99	5,098.00	51.49	.002	149.94	2.03
PROSTHETICS	1	1	3,098.00	30.00	.000	30.00	.01
LVOSIUETICS	Τ	1	30.00	30.00	.000	30.00	.01

DENTURES, STAYPLATES	13	42	5,586.00	133.00	.017	429.69	2.22
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	1	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES M	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DEC	2004	PAGE 9,654
MOP024	FEE-FOR-SERVICE/DEN	ΓAL					03/14/05
PLACER COUNTY	SUMMARY OF SERVICES	FOR TITLE II DI	SREGARD - TOTAL				

----- MONTHLY AVERAGE -----2,514 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 49 117 \$ 2,317.81 \$ 19.81 .047 \$ 47.30 \$.92 DIAGNOSTIC AND ANC. PROCED Ω 0 .00 .00 .000 .00 .00 EYE APPLIANCES 37 100 1,642.40 16.42 .040 44.39 . 65 13 17 675.41 39.73 .007 51.95 .27 OTHER OPTOMETRIC SERVICES @CHIROPRACTOR 1 33.44 16.72 .001 \$ 33.44 \$. 01 VISITS .00 .00 .000 .00 .00 2 16.72 OTHER SERVICES 33.44 .001 33.44 .01 467.27 8.65 .021 \$ 12.63 \$ @PODIATRIST .19 MEDICINE/INJECTIONS .00 . 00 .000 . 00 . 00 .00 SURGERY/ANES. 0 .00 .00 .000 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 467.27 8.65 12.63 OTHER .021 . 19 @HOME HEALTH AGENCY 0 0 .00 .00 .000 \$.00 \$.00 42.66 9 \$ 4.74 .004 \$ 42.66 \$.02 NURSE ANESTHESIST .00 \$.00 .000 \$.00 \$ NURSE MIDWIFE . 00 .00 \$.00 \$.00 .000 \$.00 PEDIATRIC NURSE PRACTITIONER Ω 0 .00 .00 .000 \$.00 \$ FAMILY NURSE PRACTITIONER .00 @TOTAL HOSPITAL 145 1,194 33,810.81 28.32 .475 \$ 233.18 \$ 13.45 21 0 17,736.64 844.60 HOSP INPATIENT TOTAL .00 .000 7.06 0 0 .00 .00 HSC HOSPITALS .00 .000 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 . 00 .00 .00 .00 .00 .000 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .000 .00 ANCILLARIES .00 17,736.64 INPATIENT CROSSOVERS .00 .000 844.60 7.06 .00 ALL OTHER INPATIENT 0 0 .00 .000 .00 .00 128 16,074.17 HOSP OUTPATIENT TOTAL 1,194 13.46 .475 125.58 0 .00 .00 MEDICAL Ω .00 .000 .00 SURGERY 0 .00 .00 .000 .00 .00 13.18 26.36 PATHOLOGY 26.36 .001 .00 RADIOLOGY .00 .000 .00 .00 1 34.31 34.31 .000 34.31 . 01 ROOM USE CROSSOVERS/ALL OTH OUTPTNT 128 1,191 16,013.50 13.45 .474 125.11 0 0 .00 .00 .00 \$ @COUNTY HOSPITAL TOTAL .000 .00 CO HOSPITAL INPATIENT TOTAL .00 .00 .000 . 00 . 00 .00 .00 HSC HOSPITALS .00 .000 .00 NON-HSC HOSPITALS TOTAL .00 .00 .00 .000 .00 ACCOMMODATIONS .00 .00 .000 .00 . 00 .00 .00 . 00 .000 ADMINISTRATIVE DAYS .00 .00 TRANSITIONAL IP CARE .00 .000 .00 .00 .00 ALL OTHER ACCOM .00 .000 .00 ANCILLARIES . 00 .00 .000 . 00 .00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	004 THRU DEC	2004	PAGE 9,655
MOP024	FEE-FOR-SERVICE	/DENTAL					03/14/05
PLACER COUNTY	SUMMARY OF SERW	ICES FOR TITLE II DIS	REGARD - TOTAL				
					MON'	THLY AVERAC	SE
2,514 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
•		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	145	1,194 \$	33,810.81	\$ 28.32	.475 \$	233.18	\$ 13.45
COMM HOSP INPATIENT TOTAL	21	0	17,736.64	.00	.000	844.60	7.06
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	21	0	17,736.64	.00	.000	844.60	7.06
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	128	1,194	16,074.17	13.46	.475	125.58	6.39
MEDICAL	0	. 0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	26.36	13.18	.001	26.36	.01
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	34.31	34.31	.000	34.31	.01
1.0011 000	_	±.	51.51	01.01	• • • •	31.31	• • •

CROSSOVERS/ALL OTH OUTPTNT	128	1,191		16,013.50		13.45	.474		125.11		6.37
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	45	921	\$	138,029.44	\$	149.87	.366	\$	3067.32	\$	54.90
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	45	921		138,029.44		149.87	.366		3067.32		54.90
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	17	29	\$	11,046.62	\$	380.92	.012	\$	649.80	\$	4.39
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	17	29		11,046.62		380.92	.012		649.80		4.39
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	6	24	\$	139.83	\$	5.83	.010	\$	23.31	\$.06
PATHOLOGY	2	4		33.83		8.46	.002		16.92		.01
XO AND OTHERS	4	20		106.00		5.30	.008		26.50		.04
@ORGANIZED OUTPATIENT CLINIC	135	219	\$	22,014.94	\$	100.52	.087	\$	163.07	\$	8.76
CLINIC	1	4		134.40		33.60	.002		134.40		.05
SURGICENTER	5	9		858.64		95.40	.004		171.73		.34
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	131	206		21,021.90		102.05	.082		160.47		8.36
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	JRES M	ONTH-OF-PAYMENT RI	EPORT	FOR JAN 2	2004 THRU	DEC	2004	P.	AGE 9,656
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
PLACER COUNTY	SUMMARY OF SERV	ICES FOR TITLE	II DI	SREGARD - TOTAL							
							M	ONT	HLY AVERA	GE	
2,514 ELIGIBLES	USERS	UNITS OF SERVIC	CE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CAR	RE		PEF	R UNIT/DAY	PER ELIG	÷	USER		ELIGIBLE
@ALL OTHER PROVIDERS	381	8,264	\$	74,930.09	\$	9.07	3.287	\$	196.67	\$	29.81
DURABLE MED. EQUIP.	7	12		701.48		58.46	.005		100.21		.28
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	5	6		2,699.95		449.99	.002		539.99		1.07
MEDICAL TRANSPORTATION	59	5,235		11,804.92		2.25	2.082		200.08		4.70
AMBULANCES/AIR TRANS	2	4		193.20		48.30	.002		96.60		.08
OTHER TRANS	56	5,227		11,601.87		2.22	2.079		207.18		4.61
OTHER SERVICES	1	4		9.85		2.46	.002		9.85		.00
3.011011110000	4	1		07.00		07 00	0.00		07 00		0.1

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26,463.45

1,131.30

13,718.65

27.03

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35.33

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ACUPUNCTURE

OPTICIAN

ADULT DAY HEALTH CARE CTR

IHMC, MODEL-NF, NF, AIDS, MSSP

GENETIC DISEASE TESTING

OCCUPATIONAL THERAPIST

PROSTHETIST/ORTHOTISTS

SPEECH AND AUDIOLOGY

PHYSICAL THERAPIST

PORTABLE X-RAY

PROSTHETICS

ORTHOTICS

PSYCHOLOGIST

HOSPICE SERVICES	Ω	0	.00	.00	.000	.00	0.0
	0	0					.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	176	1,687	7,295.19	4.32	.671	41.45	2.90
@CALIF. CHILDREN SERVICES*	0	0 9	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	606	7,350	\$ 115,904.72	\$ 15.77	2.924	\$ 191.26	\$ 46.10
0.1 -0	30 3 00030300		 				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,657
MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

PLACER COUNTY	SUMMARY OF SER	VICES FOR IN HOM.	E SUP	PORT - AGED	AID CODE	18			
						MOI	NTHLY AVERA	AGE	
1,201 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST		COST PER		COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	872	57 , 585	\$	457,552.52	\$ 7.95	47.948			380.98
@PHYSICIANS SERVICES	91	175	\$	3,185.04	\$ 18.20	.146		\$	2.65
OUTPATIENT VISITS	9	8		104.35	13.04	.007	11.59		.09
OFFICE VISITS	8	7		36.00	5.14	.006	4.50		.03
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	1	1		68.35	68.35	.001	68.35		.06
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	1	1		.00	.00	.001	.00		.00
HOSPITAL VISITS	1	1		.00	.00	.001	.00		.00
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	1	1		.00	.00	.001	.00		.00
RADIOLOGY	1	1		8.57	8.57	.001	8.57		.01
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	85	164		3,072.12	18.73	.137	36.14		2.56
@PHARMACY	766	53 , 566	\$	244,006.50	\$ 4.56	44.601	318.55	\$	203.17
PRESCRIPTION DRUGS	741	3,502		226,237.20	64.60	2.916	305.31		188.37
SNF/ICF	33	388		18,031.26	46.47	.323	546.40		15.01
OUTPATIENTS	718	3,114		208,205.94	66.86	2.593	289.98		173.36
MEDICAL SUPPLIES	134	50,064		17,769.30	.35	41.685	132.61		14.80
@DENTIST	19	63	\$	3,745.00	\$ 59.44	.052		\$	3.12
VISITS - DIAGNOSTIC	15	41		509.00	12.41	.034	33.93		.42
ORAL SURGERY	5	13		633.00	48.69	.011	126.60		.53

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
	0											
PERIODONTICS	•		0		.00		.00	.000		.00		.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	2		5		838.00		167.60	.004		419.00		.70
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	2		4		1,765.00		441.25	.003		882.50		1.47
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPE	NDITUR	ES M	MONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2004 THRU	DEC	2004	Ε	PAGE 9,658
MOP024	FEE-FOR-SERVICE	/DENTAL										03/14/05
PLACER COUNTY	SUMMARY OF SERV		N HOME	SUE	PPORT - AGED		AID CODE	18				
									ONT	HLY AVERA	GE	
1,201 ELIGIBLES	USERS	UNITS OF S	ERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
1,201 221013220	00210	OR DAYS O					UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	8	011 21110 0	18	\$	362.03	Ś	20.11	.015		45.25	\$.30
DIAGNOSTIC AND ANC. PROCED	0		0	۲	.00	Υ	.00	.000	Ψ	.00	Ψ	.00
EYE APPLIANCES	6		15		272.10		18.14	.012		45.35		.23
OTHER OPTOMETRIC SERVICES	0		3		89.93		29.98	.002		44.97		.07
	2		0	\$.00	\$.00	.002	Ś		\$.00
@CHIROPRACTOR	0		0	Ş		Ą			Þ	.00	Ş	.00
VISITS	0		0		.00		.00	.000				
OTHER SERVICES	0		-	<u> </u>	.00	<u> </u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@PODIATRIST	8		9	\$	149.38	\$	16.60	.007	\$	18.67	Ş	.12
MEDICINE/INJECTIONS	Ü		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	8		9		149.38		16.60	.007		18.67		.12
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	49		414	\$	15,202.69	\$	36.72	.345	\$	310.26	\$	12.66
HOSP INPATIENT TOTAL	13		0		9,642.97		.00	.000		741.77		8.03
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	13		0		9,642.97		.00	.000		741.77		8.03
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	38		414		5,559.72		13.43	.345		146.31		4.63
					•							
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00

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PATHOLOGY RADIOLOGY

ROOM USE

@COUNTY HOSPITAL TOTAL

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPINT

CO HOSPITAL INPATIENT TOTAL

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5,559.72

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146.31

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4.63

NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
	0	0				.00	.000			.00
ALL OTHER ACCOM	0	0		.00				.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	U	0		.00		.00	.000	.00		.00
SURGERY	U	0		.00		.00	.000	.00		.00
PATHOLOGY	U	0		.00		.00	.000	.00		.00
RADIOLOGY	U	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	_ ~	.00		.00	.000	.00	_	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		ES MON	NTH-OF-PAYMENT RI	EPORT	FOR JAN 2	2004 THRU D	EC 2004	F	AGE 9,659
MOP024	FEE-FOR-SERVICE/DE									03/14/05
PLACER COUNTY	SUMMARY OF SERVICE	S FOR IN HOME	SUPPO	ORT - AGED		AID CODE				
								NTHLY AVERA		
1,201 ELIGIBLES		ITS OF SERVICE		EXPENDITURES			UNITS/DAYS			COST PER
		R DAYS OF CARE					PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	49	414	\$	15,202.69	\$.345	•	Ş	12.66
COMM HOSP INPATIENT TOTAL	13	0		9,642.97		.00	.000	741.77		8.03
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	13	0		9 , 642.97		.00	.000	741.77		8.03
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	38	414		5 , 559.72		13.43	.345	146.31		4.63
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	38	414		5 , 559.72		13.43	.345	146.31		4.63
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	35	652	\$	92 , 580.81	\$	142.00	.543	\$ 2645.17	\$	77.09
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
TELL D. DECLITAD	2.5	650		00 500 01		1 4 0 0 0	E 4 2	0645 17		77 00

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LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

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@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	5.95	\$	5.95	.001	\$	5.95	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	1	1		5.95		5.95	.001		5.95		.00
@ORGANIZED OUTPATIENT CLINIC	24	25	\$	2,952.71	\$	118.11	.021	\$	123.03	\$	2.46
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	24	25		2,952.71		118.11	.021		123.03		2.46
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES 1	MONTH-OF-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 9,660
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
PLACER COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	E SU	PPORT - AGED		AID CODE	18				
							M	TNOI	HLY AVERA	GE ·	
1,201 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	.S	COST PER	(COST PER
		OR DAYS OF CAR	€		PEF	R UNIT/DAY	PER ELIC	3	USER]	ELIGIBLE
@ALL OTHER PROVIDERS	225	2,662	\$	95,362.41	\$	35.82	2.216	\$	423.83	\$	79.40
DURABLE MED. EQUIP.	8	10		414.24		41.42	.008		51.78		.34
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	3	3		527.57		175.86	.002		175.86		.44
MEDICAL TRANSPORTATION	21	368		1,700.30		4.62	.306		80.97		1.42
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	21	368		1,700.30		4.62	.306		80.97		1.42
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	77	884		61,473.94		69.54	.736		798.36		51.19
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	22	247		10,140.40		41.05	.206		460.93		8.44
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	12	25		330.17		13.21	.021		27.51		.27
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00

2	3		2.06		.69	.002		1.03		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
12	15		1,414.73		94.32	.012		117.89		1.18
6	140		15,906.80		113.62	.117		2651.13		13.24
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
86	967		3,452.20		3.57	.805		40.14		2.87
0	0	\$.00	\$.00	.000	\$.00	\$.00
181	11,977	\$	38,998.92	\$	3.26	9.973	\$	215.46	\$	32.47
	0	0 0 0 0 0 0 0 0 0 0 0 0 86 967 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 86 967 0 \$	0 0 .00 0 0 .00 0 0 .00 0 0 .00 12 15 1,414.73 6 140 15,906.80 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 86 967 3,452.20 0 \$.00	0 0 .00 0 0 .00 0 0 .00 0 0 .00 12 15 1,414.73 6 140 15,906.80 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 86 967 3,452.20 0 \$.00	0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 12 15 1,414.73 94.32 6 140 15,906.80 113.62 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 86 967 3,452.20 3.57 0 0 \$.00 \$	0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 12 15 1,414.73 94.32 .012 6 140 15,906.80 113.62 .117 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0	0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 12 15 1,414.73 94.32 .012 6 140 15,906.80 113.62 .117 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .00 0 0 .00 .00 .00 <td< td=""><td>0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 12 15 1,414.73 94.32 .012 117.89 6 140 15,906.80 113.62 .117 2651.13 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 <t< td=""><td>0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 12 15 1,414.73 94.32 .012 117.89 6 140 15,906.80 113.62 .117 2651.13 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00</td></t<></td></td<>	0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 12 15 1,414.73 94.32 .012 117.89 6 140 15,906.80 113.62 .117 2651.13 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 <t< td=""><td>0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 12 15 1,414.73 94.32 .012 117.89 6 140 15,906.80 113.62 .117 2651.13 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00</td></t<>	0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 12 15 1,414.73 94.32 .012 117.89 6 140 15,906.80 113.62 .117 2651.13 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,661
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
PLACER COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

						M	TNC	HLY AVERA	GE	
24 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	22	7,740	\$ 22,084.64	\$	2.85	322.500	\$	1003.85	\$	920.19
@PHYSICIANS SERVICES	3	4	\$ 137.76	\$	34.44	.167	\$	45.92	\$	5.74
OUTPATIENT VISITS	0	0	.00		.00	.000		.00		.00
OFFICE VISITS	0	0	.00		.00	.000		.00		.00
HOME VISITS	0	0	.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0	.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0	.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0	.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0	.00		.00	.000		.00		.00
INPATIENT VISITS	0	0	.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0	.00		.00	.000		.00		.00
CRITICAL CARE	0	0	.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0	.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0	.00		.00	.000		.00		.00
EXAMINATIONS	0	0	.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0	.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0	.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0	.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0	.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0	.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0	.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0	.00		.00	.000		.00		.00
DIALYSIS	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
PSYCHIATRY	0	0	.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0	.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	3	4	137.76		34.44	.167		45.92		5.74
@PHARMACY	20	6,086	\$ 9,149.42	\$	1.50	253.583	\$	457.47	\$	381.23
PRESCRIPTION DRUGS	18	72	7,970.22		110.70	3.000		442.79		332.09

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF OUTPATIENTS	0	0 72	.00 7,970.22	.00 110.70	.000 3.000	.00 442.79	.00 332.09
	10		•				
MEDICAL SUPPLIES	12	6,014	1,179.20	.20	250.583	98.27	49.13
@DENTIST	Ü	0 \$	• • •	\$.00	.000 \$		
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	MONTH-OF-PAYMENT REPO	ORT FOR JAN 2	004 THRU DE	C 2004	PAGE 9,662
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR	IN HOME SU	JPPORT - BLIND	AID CODE 2	28		

----- MONTHLY AVERAGE -----24 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 \$.00 \$.00 .000 \$.00 \$.00 0 .00 .00 DIAGNOSTIC AND ANC. PROCED .00 .000 .00 0 .00 .00 .00 EYE APPLIANCES .000 .00 .00 .00 .00 .00 OTHER OPTOMETRIC SERVICES .000 .00 \$.00 .00 \$ @CHIROPRACTOR .000 \$.00 .00 VISITS 0 .00 .000 .00 .00 0 .00 .00 OTHER SERVICES .000 .00 .00 \$.00 .00 \$ @PODIATRIST .000 \$.00 .00 MEDICINE/INJECTIONS .00 .000 .00 .00 SURGERY/ANES. .00 .000 .00 .00 .00 .00 .00 RADIO./PATHOLOGY .000 .00 OTHER 0 .00 .00 .000 .00 .00 0 .00 \$ @HOME HEALTH AGENCY .00 \$.00 .000 \$.00 NURSE ANESTHESIST 0 .00 \$.00 .000 \$.00 \$.00 .00 \$.00 .000 \$.00 \$.00 NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER .00 \$.00 .000 \$.00 \$.00 FAMILY NURSE PRACTITIONER 0 .00 \$.00 .000 \$.00 \$.00 19 @TOTAL HOSPITAL 338.78 \$ 17.83 .792 \$ 112.93 \$ 14.12 0 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 .00 .00 .00 HSC HOSPITALS .000 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 . 00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .00 .00 ANCILLARIES .000 .00 .00 INPATIENT CROSSOVERS .00 .000 .00 .00 0 .00 .000 .00 .00 ALL OTHER INPATIENT 19 338.78 .792 112.93 HOSP OUTPATIENT TOTAL 17.83 14.12 MEDICAL 0 .00 .00 .00 .00 .000 .00 .00 .00 0 SURGERY .000 .00 PATHOLOGY .00 .00 .000 .00 .00

RADIOLOGY	0	0	.00		.00	.000	.00		.00
ROOM USE	0	0	.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	3	19	338.78	1	7.83	.792	112.93	1	14.12
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000	.00		.00
HSC HOSPITALS	0	0	.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00		.00
ANCILLARIES	0	0	.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000	.00		.00
MEDICAL	0	0	.00		.00	.000	.00		.00
SURGERY	0	0	.00		.00	.000	.00		.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
RADIOLOGY	0	0	.00		.00	.000	.00		.00
ROOM USE	0	0	.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURES	MONTH-OF-PAYMENT F	REPORT FO	R JAN 20	004 THRU	DEC 2004	PAGE	9,663
MOP024	FEE-FOR-SERVICE/DENTAL							03	3/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR	IN HOME S	UPPORT - BLIND	AI	D CODE 2	28			

PLACER COUNTI	SUMMARI OF SER	AICES FOR IN HOME	DOLL	ORI - BLIND	AID CODE	20			
						MO	NTHLY AVER	AGE	
24 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COS'	T PER
		OR DAYS OF CARE	<u>C</u>		PER UNIT/DAY	PER ELIG	USER	ELI	GIBLE
@COMMUNITY HOSPITAL TOTAL	3	19	\$	338.78	\$ 17.83	.792	\$ 112.93	\$	14.12
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	3	19		338.78	17.83	.792	112.93		14.12
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	3	19		338.78	17.83	.792	112.93		14.12
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	•	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	•	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	12	20	\$	1,354.40	\$	67.72	.833	\$	112.87	\$	56.43
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	12	20		1,354.40		67.72	.833		112.87		56.43
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUR	ES MONTH-	OF-PAYMENT	REPORT	FOR JAN 2004	THRU	DEC	2004	P.	AGE 9,664
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR	IN HOME	SUPPORT	- BLIND		AID CODE 28					

----- MONTHLY AVERAGE -----24 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 67.125 \$ 20 11,104.28 6.89 555.21 \$ @ALL OTHER PROVIDERS 1,611 462.68 DURABLE MED. EQUIP. 1 2,059.31 1029.66 .083 2059.31 85.80 BLOOD BANK .00 .00 .000 .00 .00 .00 .00 HEARING AID DISPENSERS .00 .000 .00 .00 .00 MEDICAL TRANSPORTATION .00 .000 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 12 ADULT DAY HEALTH CARE CTR 110 7,653.80 69.58 4.583 637.82 318.91 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 .00 .00 .000 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 .00 OPTICIAN .00 .000 .00 .00 .00 .00 .00 PHYSICAL THERAPIST .000 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 .00 .00 .00 PROSTHETICS .000 ORTHOTICS .00 .00 .000 .00 .00 .00 PSYCHOLOGIST .00 .000 .00 .00 .00 .00 .00 .00 SPEECH AND AUDIOLOGY .000 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 0 .00 .000 .00 .00 167 618.61 3.70 154.65 LOCAL EDUCATION AGENCIES 6.958 25.78 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. Ω .00 .00 .00 .000 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 1,332 772.56 55.500 128.76 32.19 ALL OTHER PROVIDERS .58 .00 .00 @CALIF. CHILDREN SERVICES* 0 .00 \$.000 \$.00 \$ 476.54 @XOVER EXCLUDING STATE HOSP** 20.72 .958 \$ 79.42 \$ 19.86

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,665 MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68 MOP024

PLACER COUNTY	SUMMARY OF SER	VICES FOR IN HOME SU	JPPORT - DISABLED	AID CODE	68		
					MON	THLY AVERA	GE
781 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	681	66 , 226 \$	638,188.40	\$ 9.64	84.796 \$	937.13	\$ 817.14
@PHYSICIANS SERVICES	113	509 \$	8,551.93	\$ 16.80	.652 \$	75.68	\$ 10.95
OUTPATIENT VISITS	18	21	988.11	47.05	.027	54.90	1.27
OFFICE VISITS	14	14	374.49	26.75	.018	26.75	.48
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	7	613.62	87.66	.009	122.72	.79
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	6	34	1,371.90	40.35	.044	228.65	1.76
HOSPITAL VISITS	6	34	1,371.90	40.35	.044	228.65	1.76
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	4	120.00	30.00	.005	30.00	.15
EXAMINATIONS	4	4	120.00	30.00	.005	30.00	.15
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	4	8	2,430.14	303.77	.010	607.54	3.11
PRINCIPAL SURGEON	4	4	2,222.24	555.56	.005	555.56	2.85
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	4	207.90	51.98	.005	207.90	.27
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	4	17.04	4.26	.005	5.68	.02

03/14/05

RADIOLOGY	11	22		596.43		27.11	.028		54.22		.76
PSYCHIATRY	1	1		32.98		32.98	.001		32.98		.04
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	90	415		2,995.33		7.22	.531		33.28		3.84
@PHARMACY	606	39,491	\$	435,483.99	\$	11.03	50.565	\$	718.62	\$	557.60
PRESCRIPTION DRUGS	571	3,323		410,026.58		123.39	4.255		718.09		525.00
SNF/ICF	21	220		20,079.27		91.27	.282		956.16		25.71
OUTPATIENTS		3,103		389,947.31		125.67	3.973		702.61		499.29
MEDICAL SUPPLIES		36,168		25,457.41		.70	46.310		208.67		32.60
@DENTIST	33	114	\$	5,750.00	\$.146	\$	174.24	\$	7.36
VISITS - DIAGNOSTIC	20	51		945.00		18.53	.065		47.25		1.21
ORAL SURGERY	5	29		1,311.00		45.21	.037		262.20		1.68
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	2	2		.00		.00	.003		.00		.00
ENDODONTICS	1	3		920.00		306.67	.004		920.00		1.18
RESTORATIVE DENTISTRY	9	13		1,285.00		98.85	.017		142.78		1.65
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	6	16		1,289.00		80.56	.020		214.83		1.65
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUR	ES MONTH-	OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC	2004	PA	GE 9,666
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR	IN HOME	SUPPORT -	- DISABLED		AID CODE	E 68				

I BIIOBIC GOOMII	DOIMMING OF DELICE	VIOLD IOI	111 1101111	DOLLOIG	DIGINDID		1110 0000	0.0				
								Mo	TNC	HLY AVERA	GE	
781 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY:	3	COST PER		COST PER
		OR DAYS	OF CARE			PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	18		46	\$	1,049.87	\$	22.82	.059	\$	58.33	\$	1.34
DIAGNOSTIC AND ANC. PROCED	3		3		142.35		47.45	.004		47.45		.18
EYE APPLIANCES	12		36		606.53		16.85	.046		50.54		.78
OTHER OPTOMETRIC SERVICES	6		7		300.99		43.00	.009		50.17		.39
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	13		24	\$	334.29	\$	13.93	.031	\$	25.71	\$.43
MEDICINE/INJECTIONS	1		1		24.00		24.00	.001		24.00		.03
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	12		23		310.29		13.49	.029		25.86		.40
@HOME HEALTH AGENCY	11		95	\$	7,065.11	\$	74.37	.122	\$	642.28	\$	9.05
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	71		505	\$	51,462.18	\$	101.91	.647	\$	724.82	\$	65.89
HOSP INPATIENT TOTAL	13		32		44,835.24		1401.10	.041		3448.86		57.41
HSC HOSPITALS	4		32		37 , 920.00		1185.00	.041		9480.00		48.55
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	9	0	6,915.24	.00	.000	768.36	8.85
ALL OTHER INPATIENT	60	473	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	60 1		6,626.94	14.01	.606	110.45	8.49
MEDICAL	1	1	18.93	18.93	.001	18.93	.02
SURGERY	2	3	368.92	122.97	.004	184.46	.47
PATHOLOGY	/	14	110.68	7.91	.018	15.81	.14
RADIOLOGY	Ī	1	198.84	198.84	.001	198.84	.25
ROOM USE	5	8	490.82	61.35	.010	98.16	.63
CROSSOVERS/ALL OTH OUTPTNT		446	5,438.75	12.19	.571	102.62	6.96
@COUNTY HOSPITAL TOTAL	0	0 \$		\$.00	.000 \$		•
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	Ü	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	SS AND EXPENDITURES	MONTH-OF-PAYMENT RE	SPORT FOR JAN	2004 THRU DE	C 2004	PAGE 9,667
110 700 4							
MOP024	FEE-FOR-SERVICE	/DENTAL					03/14/05
MOP024 PLACER COUNTY				AID CODE	68	THLY AVERA	03/14/05
		/DENTAL			68 MON		03/14/05
PLACER COUNTY	SUMMARY OF SERV	DENTAL ICES FOR IN HOME S	UPPORT - DISABLED	AID CODE	68 MON UNITS/DAYS		03/14/05 GE
PLACER COUNTY	SUMMARY OF SERV	DENTAL ICES FOR IN HOME S UNITS OF SERVICE	UPPORT - DISABLED EXPENDITURES	AID CODE	68 MON UNITS/DAYS PER ELIG	COST PER	03/14/05 GE COST PER ELIGIBLE
PLACER COUNTY 781 ELIGIBLES	SUMMARY OF SERV	DENTAL ICES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE	UPPORT - DISABLED EXPENDITURES	AID CODE AVERAGE COST PER UNIT/DAY	68 MON UNITS/DAYS PER ELIG	COST PER USER	03/14/05 GE COST PER ELIGIBLE
PLACER COUNTY 781 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERVE USERS 71	/DENTAL ICES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 505 \$	UPPORT - DISABLED EXPENDITURES 51,462.18	AID CODE AVERAGE COST PER UNIT/DAY \$ 101.91	68 MON UNITS/DAYS PER ELIG .647 \$	COST PER USER 724.82	03/14/05 GE COST PER ELIGIBLE \$ 65.89
PLACER COUNTY 781 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERVE USERS 71 13	/DENTAL ICES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 505 \$ 32	UPPORT - DISABLED EXPENDITURES 51,462.18 44,835.24	AID CODE AVERAGE COST PER UNIT/DAY \$ 101.91 1401.10	68 MON UNITS/DAYS PER ELIG .647 \$.041	COST PER USER 724.82 3448.86	03/14/05 GE COST PER ELIGIBLE \$ 65.89 57.41
PLACER COUNTY 781 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERVE USERS 71 13	/DENTAL ICES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 505 \$ 32 32 32	UPPORT - DISABLED EXPENDITURES 51,462.18 44,835.24 37,920.00	AID CODE AVERAGE COST PER UNIT/DAY \$ 101.91 1401.10 1185.00	68 MON UNITS/DAYS PER ELIG .647 \$.041	COST PER USER 724.82 3448.86 9480.00	03/14/05 GE COST PER ELIGIBLE \$ 65.89 57.41 48.55
PLACER COUNTY 781 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERVE USERS 71 13 4 0 0 0 0	/DENTAL ICES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 505 \$ 32 32 0 0 0	UPPORT - DISABLED EXPENDITURES 51,462.18 44,835.24 37,920.00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 101.91 1401.10 1185.00 .00	68 MON UNITS/DAYS PER ELIG .647 \$.041 .041	COST PER USER 724.82 3448.86 9480.00 .00	03/14/05 GE COST PER ELIGIBLE \$ 65.89 57.41 48.55 .00
PLACER COUNTY 781 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	SUMMARY OF SERVE USERS 71 13 4 0	/DENTAL ICES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 505 \$ 32 32 0	EXPENDITURES 51,462.18 44,835.24 37,920.00 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 101.91 1401.10 1185.00 .00 .00	68 MON UNITS/DAYS PER ELIG .647 \$.041 .041 .000	COST PER USER 724.82 3448.86 9480.00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$ 65.89 57.41 48.55 .00 .00
PLACER COUNTY 781 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERVE USERS 71 13 4 0 0 0 0	/DENTAL ICES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 505 \$ 32 32 0 0 0	EXPENDITURES 51,462.18 44,835.24 37,920.00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 101.91 1401.10 1185.00 .00 .00 .00	68 MON UNITS/DAYS PER ELIG .647 \$.041 .041 .000 .000	COST PER USER 724.82 3448.86 9480.00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$ 65.89 57.41 48.55 .00 .00 .00
PLACER COUNTY 781 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERVE USERS 71 13 4 0 0 0 0	/DENTAL ICES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 505 \$ 32 32 0 0 0	EXPENDITURES 51,462.18 44,835.24 37,920.00 .00 .00 .00 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 101.91 1401.10 1185.00 .00 .00 .00 .00	68 MON UNITS/DAYS PER ELIG .647 \$.041 .041 .000 .000 .000	COST PER USER 724.82 3448.86 9480.00 .00 .00 .00 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$ 65.89 57.41 48.55 .00 .00 .00 .00
PLACER COUNTY 781 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERVE USERS 71 13 4 0 0 0 0	/DENTAL ICES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 505 \$ 32 32 0 0 0	EXPENDITURES 51,462.18 44,835.24 37,920.00 .00 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 101.91 1401.10 1185.00 .00 .00 .00 .00 .00	68 MON UNITS/DAYS PER ELIG .647 \$.041 .041 .000 .000 .000 .000	COST PER USER 724.82 3448.86 9480.00 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$ 65.89 57.41 48.55 .00 .00 .00 .00 .00
PLACER COUNTY 781 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERVE USERS 71 13 4 0 0 0 0	/DENTAL ICES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 505 \$ 32 32 0 0 0	EXPENDITURES 51,462.18 44,835.24 37,920.00 .00 .00 .00 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 101.91 1401.10 1185.00 .00 .00 .00 .00 .00 .00	68 MON UNITS/DAYS PER ELIG .647 \$.041 .041 .000 .000 .000 .000	COST PER USER 724.82 3448.86 9480.00 .00 .00 .00 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$ 65.89 57.41 48.55 .00 .00 .00 .00 .00
PLACER COUNTY 781 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERVE USERS 71 13 4 0 0 0 0	/DENTAL ICES FOR IN HOME SUNITS OF SERVICE OR DAYS OF CARE 505 \$ 32 32 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES 51,462.18 44,835.24 37,920.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AID CODE AVERAGE COST PER UNIT/DAY \$ 101.91 1401.10 1185.00 .00 .00 .00 .00 .00 .00 .00 .00	68 MON UNITS/DAYS PER ELIG .647 \$.041 .041 .000 .000 .000 .000 .000 .000	COST PER USER 724.82 3448.86 9480.00 .00 .00 .00 .00 .00 .00 .768.36	03/14/05 GE COST PER ELIGIBLE \$ 65.89 57.41 48.55 .00 .00 .00 .00 .00 .00 .00
PLACER COUNTY 781 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERVE USERS 71 13 4 0 0 0 0 0 0 0 0 0 1	/DENTAL ICES FOR IN HOME SUNITS OF SERVICE OR DAYS OF CARE 505 \$ 32 32 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES 51,462.18 44,835.24 37,920.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AID CODE AVERAGE COST PER UNIT/DAY \$ 101.91 1401.10 1185.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	68 MON UNITS/DAYS PER ELIG .647 \$.041 .041 .000 .000 .000 .000 .000 .000	COST PER USER 724.82 3448.86 9480.00 .00 .00 .00 .00 .00 .00 .00 .768.36 .00	03/14/05 GE COST PER ELIGIBLE \$ 65.89 57.41 48.55 .00 .00 .00 .00 .00 .00 .00
PLACER COUNTY 781 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	SUMMARY OF SERVE USERS 71 13 4 0 0 0 0 0 0 9 0 60	/DENTAL ICES FOR IN HOME SUNITS OF SERVICE OR DAYS OF CARE 505 \$ 32 32 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES 51,462.18 44,835.24 37,920.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AID CODE AVERAGE COST PER UNIT/DAY \$ 101.91 1401.10 1185.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	68 MON UNITS/DAYS PER ELIG .647 \$.041 .041 .000 .000 .000 .000 .000 .000	COST PER USER 724.82 3448.86 9480.00 .00 .00 .00 .00 .00 .00 .10.45 18.93 184.46	03/14/05 GE COST PER ELIGIBLE \$ 65.89 57.41 48.55 .00 .00 .00 .00 .00 .00 .00 .00 .00
PLACER COUNTY 781 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	SUMMARY OF SERVE USERS 71 13 4 0 0 0 0 0 0 0 0 1 2 7	/DENTAL ICES FOR IN HOME SUNITS OF SERVICE OR DAYS OF CARE 505 \$ 32 32 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES 51,462.18 44,835.24 37,920.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AID CODE AVERAGE COST PER UNIT/DAY \$ 101.91 1401.10 1185.00 .00 .00 .00 .00 .00 .00 .00 .00 .100 .00 .	68 MON UNITS/DAYS PER ELIG .647 \$.041 .041 .000 .000 .000 .000 .000 .000	COST PER USER 724.82 3448.86 9480.00 .00 .00 .00 .00 .00 .10.45 18.93 184.46 15.81	03/14/05 GE COST PER ELIGIBLE \$ 65.89 57.41 48.55 .00 .00 .00 .00 .00 .00 .00 .00 .00
PLACER COUNTY 781 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	SUMMARY OF SERVE USERS 71 13 4 0 0 0 0 0 0 0 0 1 2 7 1	/DENTAL ICES FOR IN HOME SUNITS OF SERVICE OR DAYS OF CARE 505 \$ 32 32 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES 51,462.18 44,835.24 37,920.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AID CODE AVERAGE COST PER UNIT/DAY \$ 101.91 1401.10 1185.00 .00 .00 .00 .00 .00 .00 .00 .00 .14.01 18.93 122.97 7.91 198.84	68 MON UNITS/DAYS PER ELIG .647 \$.041 .041 .000 .000 .000 .000 .000 .000	COST PER USER 724.82 3448.86 9480.00 .00 .00 .00 .00 .00 .00 .10.45 18.93 184.46 15.81 198.84	03/14/05 GE COST PER ELIGIBLE \$ 65.89 57.41 48.55 .00 .00 .00 .00 .00 .00 .00 .00 .00
PLACER COUNTY 781 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERVE USERS 71 13 4 0 0 0 0 0 0 0 0 1 2 7 1 5	/DENTAL ICES FOR IN HOME SUNITS OF SERVICE OR DAYS OF CARE 505 \$ 32 32 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES 51,462.18 44,835.24 37,920.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AID CODE AVERAGE COST PER UNIT/DAY \$ 101.91 1401.10 1185.00 .00 .00 .00 .00 .00 .00 .00 .00 .14.01 18.93 122.97 7.91 198.84 61.35	68 MON UNITS/DAYS PER ELIG .647 \$.041 .041 .000 .000 .000 .000 .000 .000	COST PER USER 724.82 3448.86 9480.00 .00 .00 .00 .00 .00 .10.45 18.93 184.46 15.81 198.84 98.16	03/14/05 GE COST PER ELIGIBLE \$ 65.89 57.41 48.55 .00 .00 .00 .00 .00 .00 .00 .00 .00
PLACER COUNTY 781 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERVE USERS 71 13 4 0 0 0 0 0 0 0 0 0 1 2 7 1 5 53	/DENTAL ICES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 505 \$ 32 32 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES 51,462.18 44,835.24 37,920.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AID CODE AVERAGE COST PER UNIT/DAY \$ 101.91 1401.10 1185.00 .00 .00 .00 .00 .00 .00 .00 .00 .14.01 18.93 122.97 7.91 198.84 61.35 12.19	68 MON UNITS/DAYS PER ELIG .647 \$.041 .001 .000 .000 .000 .000 .000 .000	COST PER USER 724.82 3448.86 9480.00 .00 .00 .00 .00 .00 768.36 .00 110.45 18.93 184.46 15.81 198.84 98.16 102.62	03/14/05 GE COST PER ELIGIBLE \$ 65.89 57.41 48.55 .00 .00 .00 .00 .00 .00 .00 .00 .00
PLACER COUNTY 781 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERVE USERS 71 13 4 0 0 0 0 0 0 0 0 0 1 2 7 1 5 53 0	/DENTAL ICES FOR IN HOME S UNITS OF SERVICE OR DAYS OF CARE 505 \$ 32 32 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES 51,462.18 44,835.24 37,920.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AID CODE AVERAGE COST PER UNIT/DAY \$ 101.91 1401.10 1185.00 .00 .00 .00 .00 .00 .00 .00 .00 .14.01 18.93 122.97 7.91 198.84 61.35 12.19 \$.00	68 MON UNITS/DAYS PER ELIG .647 \$.041 .004 .000 .000 .000 .000 .000 .000	COST PER USER 724.82 3448.86 9480.00 .00 .00 .00 .00 .00 768.36 .00 110.45 18.93 184.46 15.81 198.84 98.16 102.62 .00	03/14/05 GE COST PER ELIGIBLE \$ 65.89 57.41 48.55 .00 .00 .00 .00 .00 .00 .00 .00 .00
PLACER COUNTY 781 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERVE USERS 71 13 4 0 0 0 0 0 0 0 0 0 1 2 7 1 5 53 0 0	/DENTAL ICES FOR IN HOME SUNITS OF SERVICE OR DAYS OF CARE 505 \$ 32 32 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES 51,462.18 44,835.24 37,920.00 .00 .00 .00 .00 .00 .00 .00 6,915.24 .00 6,626.94 18.93 368.92 110.68 198.84 490.82 5,438.75 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 101.91 1401.10 1185.00 .00 .00 .00 .00 .00 .00 .00 .00 .14.01 18.93 122.97 7.91 198.84 61.35 12.19 \$.00 .00	68 MON UNITS/DAYS PER ELIG .647 \$.041 .041 .000 .000 .000 .000 .000 .000	COST PER USER 724.82 3448.86 9480.00 .00 .00 .00 .00 .00 768.36 .00 110.45 18.93 184.46 15.81 198.84 98.16 102.62 .00 .00	03/14/05 GE COST PER ELIGIBLE \$ 65.89 57.41 48.55 .00 .00 .00 .00 .00 .00 .00 .00 .00
PLACER COUNTY 781 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERVE USERS 71 13 4 0 0 0 0 0 0 0 0 0 1 2 7 1 5 5 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/DENTAL ICES FOR IN HOME SUNITS OF SERVICE OR DAYS OF CARE 505 \$ 32 32 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES 51,462.18 44,835.24 37,920.00 .00 .00 .00 .00 .00 .00 6,915.24 .00 6,626.94 18.93 368.92 110.68 198.84 490.82 5,438.75 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$ 101.91 1401.10 1185.00 .00 .00 .00 .00 .00 .00 .00 .00 .14.01 18.93 122.97 7.91 198.84 61.35 12.19 \$.00 .00 .00 .00	68 MON UNITS/DAYS PER ELIG .647 \$.041 .041 .000 .000 .000 .000 .000 .000	COST PER USER 724.82 3448.86 9480.00 .00 .00 .00 .00 .00 768.36 .00 110.45 18.93 184.46 15.81 198.84 98.16 102.62 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$ 65.89 57.41 48.55 .00 .00 .00 .00 .00 .00 .00 .00 .00
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LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	19	482		70,866.63		147.03	.617		3729.82		90.74
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	1	\$	62.16	\$	62.16	.001	\$	62.16	\$.08
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	1	1		62.16		62.16	.001		62.16		.08
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	10	\$	123.11		12.31	.013	\$	41.04	\$.16
PATHOLOGY	2	9		98.51		10.95	.012		49.26		.13
XO AND OTHERS	1	1		24.60		24.60	.001		24.60		.03
@ORGANIZED OUTPATIENT CLINIC	70	98	\$	10,486.61	\$	107.01	.125	\$	149.81	\$	13.43
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	1	1		208.47		208.47	.001		208.47		.27
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	69	97		10,278.14		105.96	.124		148.96		13.16
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUR	ES MONTH-O	F-PAYMENT	REPORT	FOR JAN 2004	THRU	DEC	2004	PF	GE 9,668
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR	IN HOME	SUPPORT -	DISABLED		AID CODE 68					
							N	ITNO	HLY AVERA	GE -	

					MON	THLY AVERA	GE
781 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	183	24,851 \$	46,952.52	\$ 1.89	31.819 \$	256.57	\$ 60.12
DURABLE MED. EQUIP.	13	45	7 , 127.65	158.39	.058	548.28	9.13
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	1,102.10	551.05	.003	551.05	1.41
MEDICAL TRANSPORTATION	22	443	1,690.66	3.82	.567	76.85	2.16
AMBULANCES/AIR TRANS	3	15	409.86	27.32	.019	136.62	.52
OTHER TRANS	19	428	1,280.80	2.99	.548	67.41	1.64
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	14	235	16,361.74	69.62	.301	1168.70	20.95
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8	16	231.98	14.50	.020	29.00	.30
PHYSICAL THERAPIST	2	16	209.39	13.09	.020	104.70	.27
PORTABLE X-RAY	3	5	3.36	.67	.006	1.12	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	17	68	2 , 580.79	37.95	.087	151.81	3.30
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	18	3,463	5,844.83	1.69	4.434	324.71	7.48
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	106	20,558	11,800.02	.57	26.323	111.32	15.11
@CALIF. CHILDREN SERVICES*	9	44	\$ 5,322.30	\$ 120.96	.056 \$	591.37	6.81
@XOVER EXCLUDING STATE HOSP**	199	4,314	\$ 36,199.63	\$ 8.39	5.524 \$	181.91	46.35

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,669
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
PLACER COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

----- MONTHLY AVERAGE -----2.006 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1,575 131,551 \$ 1,117,825.56 \$ 8.50 65.579 \$ 688 \$ 11,874.73 \$ 17.26 .343 \$ 709.73 \$ 557.24 @TOTAL, ALL PROVIDERS

 1,117,825.56
 \$ 8.50
 65.579
 \$ 709.73
 \$ 11,874.73
 \$ 17.26
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 \$ 57.37
 \$ 1,092.46
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 <td @PHYSICIANS SERVICES 207 .343 \$ 57.37 \$ 5.92 40.46 OUTPATIENT VISITS OFFICE VISITS HOME VISITS .00 EMERGENCY ROOM
PREVENTIVE CARE
OB VISITS/COMPRE PERI .00 .00 OTHER OUTPATIENT . 00 INPATIENT VISITS
HOSPITAL VISITS
CRITICAL CARE . 68 SNF/ICF/TRANS IP CARE 0 .00 OPHTHALMOLOGICAL SERVICES 4 0 0 0 0 0 4 4 0 1 4 0 0 4 0 4 0 0 4 5 12 23 1 0 0 178 18 583 1,392 99,143 330 6,897 54 608 11 608 92 EXAMINATIONS . 06 . 00 SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON .00 ASSISTANT SURGEON . 00 ANESTHESIOLOGIST OUTPATIENT SURGERY 1.21 PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST .10 DIALYSIS .01 PATHOLOGY .30 RADIOLOGY PSYCHIATRY IMMUNIZATION AND INJECTION 6,205.21 OTHER SERVICES/ALL X-OVERS 10.64 .291 34.86 3.09 688,639.91 \$ 6.95 49.423 \$ 494.71 \$ 343.29 @PHARMACY

 644,234.00
 93.41
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 PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES 52 35 10 0 0 2 1 @DENTIST 4.73 92 VISITS - DIAGNOSTIC ORAL SURGERY 0 .00 DRUGS . 00 ANESTHESTA 2 3 18 PERIODONTICS ENDODONTICS
ENDODONTICS 1 11 .46 RESTORATIVE DENTISTRY 1.06 0 PROSTHETICS .00

DENTURES, STAYPLATES	8	20	3,054.00	152.70	.010	381.75	1.52	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES MON	TH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DI	EC 2004	PAGE 9,67	0
MOP024	FEE-FOR-SERVICE/DEN	ITAL					03/14/0	15
PLACER COUNTY	SUMMARY OF SERVICES	FOR IN HOME SUPPO	RT - TOTAL					
					MOI	UTHLY AVERAG	E	

							M	CNO	THLY AVERA	GE.	
2,006 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	3		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	26	64	\$	1,411.90	\$	22.06	.032	\$	54.30	\$.70
DIAGNOSTIC AND ANC. PROCED	3	3		142.35		47.45	.001		47.45		.07
EYE APPLIANCES	18	51		878.63		17.23	.025		48.81		. 44
OTHER OPTOMETRIC SERVICES	8	10		390.92		39.09	.005		48.87		.19
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	21	33	\$	483.67	\$	14.66	.016	\$	23.03	\$.24
MEDICINE/INJECTIONS	1	1		24.00		24.00	.000		24.00		.01
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	20	32		459.67		14.36	.016		22.98		.23
@HOME HEALTH AGENCY	11	95	\$	7,065.11	\$	74.37	.047	\$	642.28	\$	3.52
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	123	938	\$	67,003.65	\$	71.43	.468	\$	544.75	\$	33.40
HOSP INPATIENT TOTAL	26	32		54,478.21		1702.44	.016		2095.32		27.16
HSC HOSPITALS	4	32		37,920.00		1185.00	.016		9480.00		18.90

NON-HSC HOSPITAL TOTAL	0	0			.00		.00	.0	0 0		.00		.00
ACCOMMODATIONS	0	0			.00		.00	.0	00		.00		.00
ADMINISTRATIVE DAYS	0	0			.00		.00	.0	00		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.0	00		.00		.00
ALL OTHER ACCOM	0	0			.00		.00	.0	00		.00		.00
ANCILLARIES	0	0			.00		.00	.0	00		.00		.00
INPATIENT CROSSOVERS	22	0			16,558.21		.00	.0	00		752.65		8.25
ALL OTHER INPATIENT	0	0			.00		.00	.0	00		.00		.00
HOSP OUTPATIENT TOTAL	101	906			12,525.44		13.82	. 4	52		124.01		6.24
MEDICAL	1	1			18.93		18.93	.0	00		18.93		.01
SURGERY	2	3			368.92		122.97	.0)1		184.46		.18
PATHOLOGY	7	14			110.68		7.91	.0	7		15.81		.06
RADIOLOGY	1	1			198.84		198.84	.0	00		198.84		.10
ROOM USE	5	8			490.82		61.35	.0)4		98.16		.24
CROSSOVERS/ALL OTH OUTPINT	94	879			11,337.25		12.90	. 4	38		120.61		5.65
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.0	00	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0			.00		.00	.0	00		.00		.00
HSC HOSPITALS	0	0			.00		.00	.0	00		.00		.00
NON-HSC HOSPITALS TOTAL	0	0			.00		.00	.0	00		.00		.00
ACCOMMODATIONS	0	0			.00		.00	.0	00		.00		.00
ADMINISTRATIVE DAYS	0	0			.00		.00	.0	00		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.0	00		.00		.00
ALL OTHER ACCOM	0	0			.00		.00	.0	00		.00		.00
ANCILLARIES	0	0			.00		.00	.0	00		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00	.0	00		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00	.0	00		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0			.00		.00	.0	00		.00		.00
MEDICAL	0	0			.00		.00	.0	00		.00		.00
SURGERY	0	0			.00		.00	.0	00		.00		.00
PATHOLOGY	0	0			.00		.00	.0	00		.00		.00
RADIOLOGY	0	0			.00		.00	.0			.00		.00
ROOM USE	0	0			.00		.00	.0			.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0			.00		.00	.0			.00		.00
	MEDI-CAL SERVICES AND		RES	MONTH-C	F-PAYMENT RE	EPORT	r for Jan	2004 TH	RU	DEC	2004		E 9,671
MOP024	FEE-FOR-SERVICE/DENTAL												03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FO	OR IN HOM	E SU	PPORT -	- TOTAL								
0.006			_						- M	IONTH	LY AVERA	GE	

2,006 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	123	938 \$	67,003.65	\$ 71.43	.468 \$	544.75	\$ 33.40
COMM HOSP INPATIENT TOTAL	26	32	54,478.21	1702.44	.016	2095.32	27.16
HSC HOSPITALS	4	32	37,920.00	1185.00	.016	9480.00	18.90
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	22	0	16,558.21	.00	.000	752.65	8.25
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	101	906	12,525.44	13.82	.452	124.01	6.24
MEDICAL	1	1	18.93	18.93	.000	18.93	.01
SURGERY	2	3	368.92	122.97	.001	184.46	.18
PATHOLOGY	7	14	110.68	7.91	.007	15.81	.06
RADIOLOGY	1	1	198.84	198.84	.000	198.84	.10
ROOM USE	5	8	490.82	61.35	.004	98.16	.24

CROSSOVERS/ALL OTH OUTPTNT	94	879		11,337.25		12.90	.438		120.61		5.65
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$		\$.00
MENTALLY ILL	0	0	·	.00	·	.00	.000	•	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	54	1,134	\$	163,447.44	\$	144.13	.565	\$	3026.80	\$	81.48
LEV A-INTERMEDIATE	0	, 0		.00	·	.00	.000	•	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	54	1,134		163,447.44		144.13	.565		3026.80		81.48
@INTERMEDIATE CARE FACILDD	0	0	Ś	.00	S	.00	.000	Ś	.00	Ś	.00
ICF DDH	0	0	٧	.00	۲	.00	.000	Y	.00	٧	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	1	\$	62.16	Ś	62.16	.000	\$		\$.03
HOSPITAL BASED	0	1	۲	.00	۲	.00	.000	۲	.00	۲	.00
HEMODIALYSIS CENTER	1	1		62.16		62.16	.000		62.16		.03
	1	0	\$.00	\$.00	.000	Ċ	.00	ċ	.00
@REHABILITATION FACILITY	0	0	Ş		Ş		.000	\$.00	Þ	.00
HOSPITAL BASED	0			.00		.00					
INDEPENDENT FACILITY	U	0	<u> </u>	.00	<u> </u>	.00	.000	<u>^</u>	.00	<u>^</u>	.00
@LABORATORY FACILITY	4	11	\$	129.06	\$	11.73		\$	32.27	\$.06
PATHOLOGY	2	9		98.51		10.95	.004		49.26		.05
XO AND OTHERS	2	2	_	30.55	_	15.28	.001	_	15.28	_	.02
@ORGANIZED OUTPATIENT CLINIC	106	143	\$	14,793.72	\$	103.45	.071	\$		\$	7.37
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	1	1		208.47		208.47	.000		208.47		.10
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	105	142		14,585.25		102.71	.071		138.91		7.27
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	ES M	ONTH-OF-PAYMENT F	REPOR'	r for Jan	2004 THRU	DEC	2004	P.F	AGE 9,672
MOP024	FEE-FOR-SERVICE										03/14/05
PLACER COUNTY	SUMMARY OF SERV	VICES FOR IN HOME	SUP	PORT - TOTAL							
									HLY AVERA	.GE -	
2,006 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			r units/day		COST PER		COST PER
		OR DAYS OF CARE			PEI	R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	428	29 , 124	\$	153,419.21	\$	5.27	14.518	\$	358.46	\$	76.48
DURABLE MED. EQUIP.	22	57		9,601.20		168.44	.028		436.42		4.79
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	5	5		1,629.67		325.93	.002		325.93		.81
MEDICAL TRANSPORTATION	43	811		3,390.96		4.18	.404		78.86		1.69
AMDIII AMCEC / ATD TDANC	3	1.5		100 06		27 22	007		126 62		2.0

2,006 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	428	29,124 \$	153,419.21	\$ 5.27	14.518	358.46	\$ 76.48
DURABLE MED. EQUIP.	22	57	9,601.20	168.44	.028	436.42	4.79
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	5	5	1,629.67	325.93	.002	325.93	.81
MEDICAL TRANSPORTATION	43	811	3,390.96	4.18	.404	78.86	1.69
AMBULANCES/AIR TRANS	3	15	409.86	27.32	.007	136.62	.20
OTHER TRANS	40	796	2,981.10	3.75	.397	74.53	1.49
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	103	1,229	85 , 489.48	69.56	.613	829.99	42.62
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	22	247	10,140.40	41.05	.123	460.93	5.06
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	20	41	562.15	13.71	.020	28.11	.28
PHYSICAL THERAPIST	2	16	209.39	13.09	.008	104.70	.10
PORTABLE X-RAY	5	8	5.42	.68	.004	1.08	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	29	83	3,995.52	48.14	.041	137.78	1.99

HOSPICE SERVICES	6	140	15,906.80	113.62	.070	2651.13	7.93
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	22	3,630	6,463.44	1.78	1.810	293.79	3.22
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	198	22 , 857	16,024.78	.70	11.394	80.93	7.99
@CALIF. CHILDREN SERVICES*	9	44	\$ 5,322.30	\$ 120.96	.022	\$ 591.37	\$ 2.65
@XOVER EXCLUDING STATE HOSP**	386	16,314	\$ 75,675.09	\$ 4.64	8.133	\$ 196.05	\$ 37.72

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,673
MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

PLACER COUNTY	SUMMARY OF SER	VICES FOR PUBLIC	ASSI	STANCE - AGED					
							NTHLY AVERA	-	
12,609 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CAR			PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	9,743	330,761	\$	4,941,232.98	\$ 14.94	26.232			391.88
@PHYSICIANS SERVICES	1,664	4 , 557	\$		\$ 16.17	.361		\$	5.84
OUTPATIENT VISITS	185	226		6,533.17	28.91	.018	35.31		.52
OFFICE VISITS	175	214		5,692.49	26.60	.017	32.53		.45
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	13	12		840.68	70.06	.001	64.67		.07
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	19	38		1,088.31	28.64	.003	57.28		.09
HOSPITAL VISITS	18	37		1,088.31	29.41	.003	60.46		.09
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	1	1		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	8	8		274.85	34.36	.001	34.36		.02
EXAMINATIONS	8	8		274.85	34.36	.001	34.36		.02
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	3	3		127.35	42.45	.000	42.45		.01
PRINCIPAL SURGEON	3	3		127.35	42.45	.000	42.45		.01
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	20	32		2,595.32	81.10	.003	129.77		.21
PRINCIPAL SURGEON	18	23		2,254.04	98.00	.002	125.22		.18
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	3	9		341.28	37.92	.001	113.76		.03
DIALYSIS	5	14		2,108.46	150.60	.001	421.69		.17
PATHOLOGY	30	48		610.44	12.72	.004	20.35		.05
RADIOLOGY	67	100		6 , 854.79	68.55	.008	102.31		.54
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	7	9		127.87	14.21	.001	18.27		.01
OTHER SERVICES/ALL X-OVERS	1,468	4,079		53,364.70	13.08	.323	36.35		4.23
@PHARMACY	8 , 687	210,809	\$	2,513,922.28	\$ 11.93	16.719	\$ 289.39	\$	199.38
PRESCRIPTION DRUGS	8,517	35 , 146		2,427,314.81	69.06	2.787	285.00		192.51
SNF/ICF	459	3,007		169,019.01	56.21	.238	368.23		13.40
OUTPATIENTS	8,109	32 , 139		2,258,295.80	70.27	2.549	278.49		179.10
MEDICAL SUPPLIES	983	175,663		86,607.47	.49	13.932	88.11		6.87
@DENTIST	397	1,436	\$	74,508.70	\$ 51.89	.114	\$ 187.68	\$	5.91
VISITS - DIAGNOSTIC	247	850		11,206.05	13.18	.067	45.37		.89
ORAL SURGERY	65	178		7,923.55	44.51	.014	121.90		.63

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DRUGS	1	1		25.00	25.00	.000	25.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	19	20		2,050.10	102.51	.002	107.90		.16
ENDODONTICS ENDODONTICS	16	20		5,229.25	237.69	.002	326.83		.10
	67	176							
RESTORATIVE DENTISTRY	- ·			12,362.25	70.24	.014	184.51		.98
PROSTHETICS	7	7		230.00	32.86	.001	32.86		.02
DENTURES, STAYPLATES	99	170		35,482.50	208.72	.013	358.41		2.81
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	10	12		.00	.00	.001	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITUR	RES I	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU DE	C 2004	Ε	PAGE 9,674
MOP024	FEE-FOR-SERVICE	C/DENTAL							03/14/05
PLACER COUNTY	SUMMARY OF SERV	VICES FOR PUBLIC	ASS	ISTANCE - AGED					
						MON	THLY AVERA	GE	
12,609 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	252	632	\$	13,533.03	\$ 21.41	.050 \$	53.70	\$	1.07
DIAGNOSTIC AND ANC. PROCED	36	37		1,533.65	41.45	.003	42.60		.12
EYE APPLIANCES	173	493		8,934.55	18.12	.039	51.64		.71
OTHER OPTOMETRIC SERVICES	65	102		3,064.83	30.05	.008	47.15		.24
@CHIROPRACTOR	3	7	\$	108.68	\$ 15.53	.001 \$		Ś	.01
VISITS	2	6	7	91.96	15.33	.000	45.98	т.	.01
OTHER SERVICES	1	1		16.72	16.72	.000	16.72		.00
@PODIATRIST	199	274	Ś	2,133.04	\$ 7.78	.022 \$		Ś	.17
MEDICINE/INJECTIONS	5	6	т	144.00	24.00	.000	28.80	Τ.	.01
SURGERY/ANES.	1	1		19.00	19.00	.000	19.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	194	267		1,970.04	7.38	.021	10.15		.16
@HOME HEALTH AGENCY	1	1	\$	74.86	\$ 74.86	.000 \$		\$.01
NURSE ANESTHESIST	1	43	ć	139.92	\$ 3.25	.003 \$		\$.01
NURSE MIDWIFE	0	0	ې خ	.00	\$ 3.23	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	•	0	ې خ	.00	\$.00	.000 \$		\$.00
	2	6	ې خ		•				
FAMILY NURSE PRACTITIONER			ş S	91.26				\$.01
@TOTAL HOSPITAL	603	4,893	Ş	331,165.52	\$ 67.68	.388 \$		\$	26.26
HOSP INPATIENT TOTAL	113	149		257,145.72	1725.81	.012	2275.63		20.39
HSC HOSPITALS	31	115		121,100.68	1053.05	.009	3906.47		9.60
NON-HSC HOSPITAL TOTAL	4	34		76,099.80	2238.23	.003	19024.95		6.04
ACCOMMODATIONS	4	34		23,814.03	700.41	.003	5953.51		1.89
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	4	34		23,814.03	700.41	.003	5953.51		1.89
ANCILLARIES	4	0		52,285.77	.00	.000	13071.44		4.15
INPATIENT CROSSOVERS	78	0		59,945.24	.00	.000	768.53		4.75
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	501	4,744		74,019.80	15.60	.376	147.74		5.87
MEDICAL	6	8		275.39	34.42	.001	45.90		.02
SURGERY	1	1		70.59	70.59	.000	70.59		.01
DA MILLOT O CIT	0.0	1 1 1		1 000 14	0 17	011	44 50		1.0

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101.21

51.88

15.18

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PATHOLOGY

RADIOLOGY

@COUNTY HOSPITAL TOTAL

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPINT

CO HOSPITAL INPATIENT TOTAL

ROOM USE

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2004 THRU D	EC 2004	PAGE 9,675
MOP024	FEE-FOR-SERVICE,	DENTAL					03/14/05
PLACER COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC ASSIS	TANCE - AGED				
					MC	NTHLY AVERA	GE
12,609 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
12,609 ELIGIBLES		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
12,609 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	USERS 603		EXPENDITURES 331,165.52			USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	603 113	OR DAYS OF CARE 4,893 \$ 149	331,165.52 257,145.72	PER UNIT/DAY \$ 67.68 1725.81	PER ELIG .388 .012	USER \$ 549.20 2275.63	* 26.26 20.39
@COMMUNITY HOSPITAL TOTAL	603	OR DAYS OF CARE 4,893 \$ 149 115	331,165.52 257,145.72 121,100.68	PER UNIT/DAY \$ 67.68 1725.81 1053.05	PER ELIG .388 .012 .009	USER \$ 549.20 2275.63 3906.47	\$ 26.26 20.39 9.60
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	603 113	OR DAYS OF CARE 4,893 \$ 149 115 34	331,165.52 257,145.72 121,100.68 76,099.80	PER UNIT/DAY \$ 67.68 1725.81 1053.05 2238.23	PER ELIG .388 .012	USER \$ 549.20 2275.63 3906.47 19024.95	\$ 26.26 20.39 9.60 6.04
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	603 113	OR DAYS OF CARE 4,893 \$ 149 115	331,165.52 257,145.72 121,100.68	PER UNIT/DAY \$ 67.68 1725.81 1053.05	PER ELIG .388 .012 .009	USER \$ 549.20 2275.63 3906.47	\$ 26.26 20.39 9.60
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	603 113	OR DAYS OF CARE 4,893 \$ 149 115 34	331,165.52 257,145.72 121,100.68 76,099.80	PER UNIT/DAY \$ 67.68 1725.81 1053.05 2238.23	PER ELIG .388 .012 .009 .003	\$ 549.20 2275.63 3906.47 19024.95 5953.51	\$ 26.26 20.39 9.60 6.04
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	603 113	OR DAYS OF CARE 4,893 \$ 149 115 34 34 0	331,165.52 257,145.72 121,100.68 76,099.80 23,814.03 .00	PER UNIT/DAY \$ 67.68 1725.81 1053.05 2238.23 700.41 .00 .00	PER ELIG .388 .012 .009 .003	\$ 549.20 2275.63 3906.47 19024.95 5953.51 .00 .00	\$ 26.26 20.39 9.60 6.04 1.89 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	603 113	OR DAYS OF CARE 4,893 \$ 149 115 34 34	331,165.52 257,145.72 121,100.68 76,099.80 23,814.03	PER UNIT/DAY \$ 67.68 1725.81 1053.05 2238.23 700.41 .00	PER ELIG .388 .012 .009 .003 .003	\$ 549.20 2275.63 3906.47 19024.95 5953.51	\$ 26.26 20.39 9.60 6.04 1.89
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	603 113 31 4 4 0 0	OR DAYS OF CARE 4,893 \$ 149 115 34 34 0	331,165.52 257,145.72 121,100.68 76,099.80 23,814.03 .00 .00 23,814.03 52,285.77	PER UNIT/DAY \$ 67.68 1725.81 1053.05 2238.23 700.41 .00 .00	PER ELIG .388 .012 .009 .003 .003 .000	\$ 549.20 2275.63 3906.47 19024.95 5953.51 .00 .00 5953.51 13071.44	\$ 26.26 20.39 9.60 6.04 1.89 .00 .00 1.89 4.15
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	603 113	OR DAYS OF CARE 4,893 \$ 149 115 34 34 0	331,165.52 257,145.72 121,100.68 76,099.80 23,814.03 .00 .00 23,814.03	PER UNIT/DAY \$ 67.68 1725.81 1053.05 2238.23 700.41 .00 .00 700.41	PER ELIG .388 .012 .009 .003 .003 .000 .000	\$ 549.20 2275.63 3906.47 19024.95 5953.51 .00 .00 5953.51	\$ 26.26 20.39 9.60 6.04 1.89 .00 .00

COMM HOSP OUTPATIENT TOTAL	501	4,744		74,019.80		15.60	.376		147.74		5.87
MEDICAL	6	. 8		275.39		34.42	.001		45.90		.02
SURGERY	1	1		70.59		70.59	.000		70.59		.01
PATHOLOGY	29	141		1,293.14		9.17	.011		44.59		.10
RADIOLOGY	13	27		2,732.67			.002		210.21		.22
ROOM USE	9	9		466.94		51.88	.001		51.88		.04
CROSSOVERS/ALL OTH OUTPINT	466	4,558		69,181.07		15.18	.361		148.46		5.49
@STATE HOSPITAL	0	, 0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	434	10,884	\$	1,431,442.54	\$			\$	3298.25	\$	113.53
LEV A-INTERMEDIATE	1	36		1,834.39		50.96	.003		1834.39		.15
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	433	10,848		1,429,608.15		131.79	.860		3301.64		113.38
@INTERMEDIATE CARE FACILDD	0	, 0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	19	604	\$	30,448.41	\$	50.41	.048	\$	1602.55	\$	2.41
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	19	604		30,448.41		50.41	.048		1602.55		2.41
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	83	301	\$	3,243.83	\$	10.78	.024	\$	39.08	\$.26
PATHOLOGY	73	275		2,983.45		10.85	.022		40.87		.24
XO AND OTHERS	10	26		260.38		10.01	.002		26.04		.02
@ORGANIZED OUTPATIENT CLINIC	351	534	\$	54,337.02	\$.042	\$		\$	4.31
CLINIC	5	12		620.81		51.73	.001		124.16		.05
SURGICENTER	32	58		6,892.35		118.83	.005		215.39		.55
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	318	464		46,823.86		100.91	.037		147.24		3.71
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITU	JRES M	ONTH-OF-PAYMENT R	EPOR'	r for jan	2004 THRU	DEC	2004	P.	AGE 9,676
MOP024	FEE-FOR-SERVICE	E/DENTAL									03/14/05
PLACER COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	C ASSI	STANCE - AGED							
							N	INON	HLY AVERA	GE	
12,609 ELIGIBLES	USERS	UNITS OF SERVICE	Œ	EXPENDITURES	AV	ERAGE COS	T UNITS/DAY	ZS.	COST PER		COST PER

					,		
12,609 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,583	95 , 780	\$ 412,398.63	\$ 4.31	7.596	260.52	\$ 32.71
DURABLE MED. EQUIP.	45	70	9,162.51	130.89	.006	203.61	.73
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	19	23	8,287.68	360.33	.002	436.19	.66
MEDICAL TRANSPORTATION	154	5 , 766	16,624.06	2.88	.457	107.95	1.32
AMBULANCES/AIR TRANS	12	59	1,214.31	20.58	.005	101.19	.10
OTHER TRANS	132	5 , 591	15,197.90	2.72	.443	115.14	1.21
OTHER SERVICES	13	116	211.85	1.83	.009	16.30	.02
ACUPUNCTURE	6	33	529.85	16.06	.003	88.31	.04
ADULT DAY HEALTH CARE CTR	228	2 , 873	199,819.00	69.55	.228	876.40	15.85
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	126	1,324	60,119.68	45.41	.105	477.14	4.77
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	229	522	6,435.56	12.33	.041	28.10	.51
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

26	45		42.01		.93	.004		1.62		.00
3	4		88.63		22.16	.000		29.54		.01
3	4		88.63		22.16	.000		29.54		.01
0	0		.00		.00	.000		.00		.00
1	2		59.71		29.86	.000		59.71		.00
54	91		7,574.67		83.24	.007		140.27		.60
18	602		72,238.07		120.00	.048	4	013.23		5.73
0	0		.00		.00	.000		.00		.00
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0	0		.00		.00	.000		.00		.00
805	84,425		31,417.20		.37	6.696		39.03		2.49
2	2	\$	50.00	\$	25.00	.000	\$	25.00	\$.00
2,705	28,803	\$	364,973.62	\$	12.67	2.284	\$	134.93	\$	28.95
	3 3 0 1 54 18 0 0 0 0 0 0 0 805 2	3 4 3 4 0 0 1 2 54 91 18 602 0 0 0 0 0 0 0 0 0 0 0 0 805 84,425 2	3 4 3 4 0 0 1 2 54 91 18 602 0 0 0 0 0 0 0 0 0 0 0 0 0 0 805 84,425 2 \$	3 4 88.63 3 4 88.63 0 0 .00 1 2 59.71 54 91 7,574.67 18 602 72,238.07 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 805 84,425 31,417.20 2 \$ 50.00	3 4 88.63 3 4 88.63 0 0 .00 1 2 59.71 54 91 7,574.67 18 602 72,238.07 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 805 84,425 31,417.20 2 \$ 50.00 \$	3 4 88.63 22.16 3 4 88.63 22.16 0 0 .00 .00 1 2 59.71 29.86 54 91 7,574.67 83.24 18 602 72,238.07 120.00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 805 84,425 31,417.20 .37 2 2 \$ 50.00 \$	3 4 88.63 22.16 .000 3 4 88.63 22.16 .000 0 0 .00 .00 .000 1 2 59.71 29.86 .000 54 91 7,574.67 83.24 .007 18 602 72,238.07 120.00 .048 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .00 0 0 .00 .00 .00 <	3 4 88.63 22.16 .000 3 4 88.63 22.16 .000 0 0 .00 .00 .000 1 2 59.71 29.86 .000 54 91 7,574.67 83.24 .007 18 602 72,238.07 120.00 .048 4 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .00 0 0 .00 .00 .00 <td>3 4 88.63 22.16 .000 29.54 3 4 88.63 22.16 .000 29.54 0 0 .00 .00 .000 .00 1 2 59.71 29.86 .000 59.71 54 91 7,574.67 83.24 .007 140.27 18 602 72,238.07 120.00 .048 4013.23 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 80</td> <td>3 4 88.63 22.16 .000 29.54 3 4 88.63 22.16 .000 29.54 0 0 .00 .00 .000 .00 1 2 59.71 29.86 .000 59.71 54 91 7,574.67 83.24 .007 140.27 18 602 72,238.07 120.00 .048 4013.23 0 0 .00 .00 .000 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0</td>	3 4 88.63 22.16 .000 29.54 3 4 88.63 22.16 .000 29.54 0 0 .00 .00 .000 .00 1 2 59.71 29.86 .000 59.71 54 91 7,574.67 83.24 .007 140.27 18 602 72,238.07 120.00 .048 4013.23 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 80	3 4 88.63 22.16 .000 29.54 3 4 88.63 22.16 .000 29.54 0 0 .00 .00 .000 .00 1 2 59.71 29.86 .000 59.71 54 91 7,574.67 83.24 .007 140.27 18 602 72,238.07 120.00 .048 4013.23 0 0 .00 .00 .000 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,677
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
PLACER COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

----- MONTHLY AVERAGE -----1,342 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 1,043 85**,**723 \$ 938,126.60 \$ 10.94 63.877 \$ 899.45 \$ 699.05 306 97 78 306 731 33.05 78.96 \$ 18.00 @PHYSICIANS SERVICES 24,161.41 \$.545 \$ 4,899.28 3.405.33 135 36.29 .101 50.51 OUTPATIENT VISITS 104 32.74 43.66 OFFICE VISITS .077 2 2 37.42 37.42 HOME VISITS 74.84 .001 .06 59.24 .015 78.99 .00 .000 .000 .00 .000 .000 26.04 .007 26.04 35.30 .036 89.18 40.99 .019 266.45 15 0 0 9 19 EMERGENCY ROOM 20 1,184.78 0 .00 PREVENTIVE CARE 0 0 9 48 26 0 22 21 21 0 OB VISITS/COMPRE PERI .00 234.33 1,694.50 OTHER OUTPATIENT .17 INPATIENT VISITS 1,065.80 HOSPITAL VISITS .00 .000 28.58 .016 41.12 .016 41.12 .016 .00 .000 75.58 .001 CRITICAL CARE .00 .00 .00 17 SNF/ICF/TRANS IP CARE 628.70 36.98 .47 OPHTHALMOLOGICAL SERVICES 17 863.61 50.80 17 0 1 1 863.61 50.80 EXAMINATIONS SERVICES AND MATERIALS .00 .00 .00 75.58 INPATIENT HOSPITAL SURGERY 75.58 75.58 .001 .75.58 .00 .000 .00 .00 .000 .00 195.78 .019 339.35 290.41 .012 357.42 .00 .000 .00 44.38 .007 110.96 225.04 .001 450.08 1 0 0 26 16 PRINCIPAL SURGEON 75.58 .06 ASSISTANT SURGEON .00 .00 0 15 ANESTHESIOLOGIST .00 5,090.31 OUTPATIENT SURGERY 3.79 4,646.49 16 PRINCIPAL SURGEON 0 4 10 1 2 6 8 42 61 0 0 7 10 419 .00 .00 ASSISTANT SURGEON 443.82 450.08 ANESTHESIOLOGIST .33 DIALYSIS 45.58 5.70 7.60 PATHOLOGY .006 .03 3,835.06 62.87 91.31 RADIOLOGY .045 2.86 .00 .00 .00 .000 .00 PSYCHIATRY 233.25 23.33 .007 33.32 IMMUNIZATION AND INJECTION .17 6,974.16 16.64 OTHER SERVICES/ALL X-OVERS .312 45.29 5.20 359,247.28 \$ 9.40 28.473 \$ 412.93 \$ @PHARMACY 267.70 PRESCRIPTION DRUGS 844 3,552 336,284.94 94.67 2.647 398.44 250.58

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	72	504		39,390.48	78.16	.376	547.09		29.35
OUTPATIENTS	778	3,048		296,894.46	97.41	2.271	381.61		221.23
MEDICAL SUPPLIES	184	34,659		22,962.34	.66	25.826	124.80		17.11
@DENTIST	60	264	\$	10,013.75	\$ 37.93	.197	\$ 166.90	\$	7.46
VISITS - DIAGNOSTIC	35	137		1,650.75	12.05	.102	47.16		1.23
ORAL SURGERY	9	26		937.00	36.04	.019	104.11		.70
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	3	4		354.00	88.50	.003	118.00		.26
ENDODONTICS	4	7		1,165.00	166.43	.005	291.25		.87
RESTORATIVE DENTISTRY	20	41		3,382.00	82.49	.031	169.10		2.52
PROSTHETICS	2	2		.00	.00	.001	.00		.00
DENTURES, STAYPLATES	5	47		2,525.00	53.72	.035	505.00		1.88
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	1	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITUR	RES 1	MONTH-OF-PAYMENT RE	EPORT FOR JAN	1 2004 THRU	DEC 2004	PA	AGE 9,678
MOP024	FEE-FOR-SERVICE/DENT	AL							03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

PLACER COUNTI	SUMMARI OF SER	VICES FOR FUBLIC	ASSIS	STANCE - BLIND			M	\sim NTH	THLY AVERA	СE	
1 242 ELICIDIES	HCEDC	UNITS OF SERVIC	7	EXPENDITURES	70.5.71	ERAGE COST			COST PER	GE	COST PER
1,342 ELIGIBLES	USERS	OR DAYS OF CAR		EXPENDITURES		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	28	OR DAIS OF CAR.	\$	4,753.76	Š	72.03	.049		169.78	ċ	_
	10	10	Ą	537.61	ې	53.76	.049	ې	53.76	Ą	
DIAGNOSTIC AND ANC. PROCED	18	52		4,072.21		78.31	.039		226.23		.40 3.03
EYE APPLIANCES OTHER OPTOMETRIC SERVICES	18 5			,		35.99			220.23		
	5	4	Ś	143.94	\$.003	Ċ		Ċ	.11
@CHIROPRACTOR	2	4	Ą	54.34	Ş	13.59	.003	Ş		Ş	
VISITS	2	4		54.34		13.59	.003		27.17		.04
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	21	22	\$	280.80	\$	12.76	.016	Ş		Ş	.21
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	21	22		280.80		12.76	.016		13.37		.21
@HOME HEALTH AGENCY	10	1,419	\$	42,233.42	\$	29.76	1.057		4223.34		31.47
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	116	843	\$	•	\$	148.44		\$	1078.77	\$	93.25
HOSP INPATIENT TOTAL	18	73		111,503.69		1527.45	.054		6194.65		83.09
HSC HOSPITALS	7	49		58 , 844.19		1200.90	.037		8406.31		43.85
NON-HSC HOSPITAL TOTAL	2	24		44,639.84		1859.99	.018		22319.92		33.26
ACCOMMODATIONS	2	24		14,326.10		596.92	.018		7163.05		10.68
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	24		14,326.10		596.92	.018		7163.05		10.68
ANCILLARIES	2	0		30,313.74		.00	.000		15156.87		22.59
INPATIENT CROSSOVERS	9	0		8,019.66		.00	.000		891.07		5.98
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	100	770		13,633.29		17.71	.574		136.33		10.16
MEDICAL	10	13		410.53		31.58	.010		41.05		.31
SURGERY	8	9		508.04		56.45	.007		63.51		.38
PATHOLOGY	33	158		1,604.35		10.15	.118		48.62		1.20

DAD TOTOGU	1.0	1.7	1 244 64	70 10	010	100 40	1 00
RADIOLOGY	13	1 /	1,344.64	79.10	.013	103.43	1.00
ROOM USE	28	35	1,403.29	40.09	.026	50.12	1.05
CROSSOVERS/ALL OTH OUTPTNT	62	538	8,362.44	15.54	.401	134.88	6.23
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURE	S MONTH-OF-PAYMENT RI	EPORT FOR JAN	2004 THRU DE	C 2004	PAGE 9,679
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR	PUBLIC A	SSISTANCE - BLIND				. ,
					MON	THLY AVERAG	FF

FLACER COUNTI	SUMMANT OF SEN	VICES FOR FODI	110	ADDI	DIANCE DEIND							
										HLY AVERA	-	
1,342 ELIGIBLES	USERS	UNITS OF SERV			EXPENDITURES		ERAGE COST		3	COST PER		COST PER
		OR DAYS OF (PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	116	843		\$	125 , 136.98	\$	148.44	.628	\$	1078.77	\$	93.25
COMM HOSP INPATIENT TOTAL	18	73			111,503.69		1527.45	.054		6194.65		83.09
HSC HOSPITALS	7	4.9	9		58,844.19		1200.90	.037		8406.31		43.85
NON-HSC HOSPITALS TOTAL	2	24			44,639.84		1859.99	.018		22319.92		33.26
ACCOMMODATIONS	2	24	1		14,326.10		596.92	.018		7163.05		10.68
ADMINISTRATIVE DAYS	0	()		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	()		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	24	1		14,326.10		596.92	.018		7163.05		10.68
ANCILLARIES	2	()		30,313.74		.00	.000		15156.87		22.59
INPATIENT CROSSOVERS	9	()		8,019.66		.00	.000		891.07		5.98
ALL OTHER INPATIENT	0	()		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	100	770)		13,633.29		17.71	.574		136.33		10.16
MEDICAL	10	13			410.53		31.58	.010		41.05		.31
SURGERY	8	(9		508.04		56.45	.007		63.51		.38
PATHOLOGY	33	158			1,604.35		10.15	.118		48.62		1.20
RADIOLOGY	13	1			1,344.64		79.10	.013		103.43		1.00
ROOM USE	28	3.5	5		1,403.29		40.09	.026		50.12		1.05
CROSSOVERS/ALL OTH OUTPINT	62	538	3		8,362.44		15.54	.401		134.88		6.23
@STATE HOSPITAL	0	()	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	()		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	()		.00		.00	.000		.00		.00
@NURSING FACILITY	63	1,639	9	\$	207,845.32	\$	126.81	1.221	\$	3299.13	\$	154.88
LEV A-INTERMEDIATE	0	()		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	()		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	()		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	()		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	()		.00		.00	.000		.00		.00
LEV B-REGULAR	63	1,639	9		207,845.32		126.81	1.221		3299.13		154.88
@INTERMEDIATE CARE FACILDD	0	()	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	49	194	\$	29,437.36	\$	151.74	.145	\$	600.76	\$	21.94
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	49	194		29,437.36		151.74	.145		600.76		21.94
@REHABILITATION FACILITY	2	2	\$	68.42	\$	34.21	.001	\$	34.21	\$.05
HOSPITAL BASED	1	1		47.23		47.23	.001		47.23		.04
INDEPENDENT FACILITY	1	1		21.19		21.19	.001		21.19		.02
@LABORATORY FACILITY	57	233	\$	3,617.05	\$	15.52	.174	\$	63.46	\$	2.70
PATHOLOGY	57	233		3,617.05		15.52	.174		63.46		2.70
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	124	205	\$	24,599.79	\$	120.00	.153	\$	198.39	\$	18.33
CLINIC	9	20		985.71		49.29	.015		109.52		.73
SURGICENTER	6	27		1,609.94		59.63	.020		268.32		1.20
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	110	158		22,004.14		139.27	.118		200.04		16.40
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITU	RES :	MONTH-OF-PAYMENT RI	EPOR'	T FOR JAN 2	2004 THRU	DEC	2004	P	AGE 9,680
MOP024	FEE-FOR-SERVICE	E/DENTAL									03/14/05
PLACER COUNTY	SUMMARY OF SERV	VICES FOR PUBLIC	ASS	ISTANCE - BLIND							
							M	ONT	HLY AVERA	GΕ	
1,342 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	\mathbf{E}		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	223	41,890	\$	106,676.92	\$	2.55	31.215	\$	478.37	\$	79.49
DURABLE MED. EQUIP.	20	71		12,094.97		170.35	.053		604.75		9.01
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	2	2		50.00		25.00	.001		25.00		.04
MEDICAL TRANSPORTATION	71	12 , 392		40,472.43		3.27	9.234		570.03		30.16
AMBULANCES/AIR TRANS	16	85		2,076.78		24.43	.063		129.80		1.55
OTHER TRANS	57	12,300		38,379.21		3.12	9.165		673.32		28.60
OTHER SERVICES	1	7		16.44		2.35	.005		16.44		.01
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
11001011011	•										

ADULT DAY HEALTH CARE CTR	19	269	18 , 630.07	69.26	.200	980.53	13.88
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	6	22	3,134.60	142.48	.016	522.43	2.34
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	16	40	755.46	18.89	.030	47.22	.56
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	7	12	111.97	9.33	.009	16.00	.08
PROSTHETIST/ORTHOTISTS	4	21	3,130.71	149.08	.016	782.68	2.33
PROSTHETICS	4	21	3,130.71	149.08	.016	782.68	2.33
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	11	41	1,567.70	38.24	.031	142.52	1.17
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	50	4,216	15,175.12	3.60	3.142	303.50	11.31
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	61	24,804	11,553.89	.47	18.483	189.41	8.61
@CALIF. CHILDREN SERVICES*	33	4,600	\$ 45,350.24	\$ 9.86	3.428	\$ 1374.25	\$ 33.79
@XOVER EXCLUDING STATE HOSP**	225	1,641	\$ 61 , 271.09	\$ 37.34	1.223	\$ 272.32	\$ 45.66

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,681
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
PLACER COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

----- MONTHLY AVERAGE -----

UNITS OF SERVICE 49,496 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 28,270,263.48 39,017 1,039,235 27.20 20.996 \$ @TOTAL, ALL PROVIDERS 724.56 \$ 571.16 37,843 38.16 125.22 \$ @PHYSICIANS SERVICES 11,532 1,444,062.29 .765 \$ OUTPATIENT VISITS 6,282 9,257 346,873.51 37.47 .187 55.22 7.01 OFFICE VISITS 4,545 6,339 199,500.68 31.47 .128 43.89 4.03 105 116 36.27 .002 40.07 HOME VISITS 4,207.80 .09 EMERGENCY ROOM 1,538 1,925 118,630.28 61.63 .039 77.13 2.40 .00 PREVENTIVE CARE 1 1 54.83 54.83 .000 54.83 30 56 62.44 .001 116.56 OB VISITS/COMPRE PERI 3,496.83 .07 680 820 20,983.09 25.59 .017 30.86 OTHER OUTPATIENT .42 INPATIENT VISITS 664 2,634 130,653.47 49.60 .053 196.77 2.64 546 2,295 190.15 HOSPITAL VISITS 103,823.61 45.24 .046 CRITICAL CARE 41 149 20,420.16 137.05 .003 498.05 .41 SNF/ICF/TRANS IP CARE 123 190 6,409.70 33.74 .004 52.11 .13 154 .004 198 7,544.92 38.11 OPHTHALMOLOGICAL SERVICES EXAMINATIONS 152 195 7,454.34 38.23 .004 49.04 .15 3 3 90.58 30.19 .000 30.19 SERVICES AND MATERIALS .00 271 1,732 172,001.96 99.31 .035 634.69 INPATIENT HOSPITAL SURGERY 191 692.74 298 132,312.90 444.00 .006 PRINCIPAL SURGEON 2.67 31 30 6,800.32 226.68 219.37 .14 ASSISTANT SURGEON .001 23.43 291.05 ANESTHESIOLOGIST 113 32,888.74 .028 .66 1,404 847 160,437.30 189.42 OUTPATIENT SURGERY 1,910 84.00 .039 3.24 719 916 131,950.51 183.52 PRINCIPAL SURGEON 144.05 .019 2.67 11 12 116.21 .000 126.77 .03 ASSISTANT SURGEON 1,394.49 184 27.59 147.24 ANESTHESIOLOGIST 982 27,092.30 .020 .55 DIALYSIS 61 182 16,006.61 87.95 .004 262.40 .32 PATHOLOGY 1,148 19,096.56 16.63 .023 29.65

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	2 , 509	4,860		278,161.08		57.23	.098		110.87		5.62
PSYCHIATRY	92	105		3,548.24		33.79	.002		38.57		.07
IMMUNIZATION AND INJECTION	356	1,659		45,066.69		27.16	.034		126.59		.91
OTHER SERVICES/ALL X-OVERS	4,662	14,158		264,671.95		18.69	.286		56.77		5.35
@PHARMACY	32,032	574 , 262	\$	15,454,125.64	\$	26.91	11.602	\$	482.46	\$	312.23
PRESCRIPTION DRUGS	31,591	141,843		14,165,882.12		99.87	2.866		448.42		286.20
SNF/ICF	956	8,491		566,664.67		66.74	.172		592.75		11.45
OUTPATIENTS	30,851	133,352		13,599,217.45		101.98	2.694		440.80		274.75
MEDICAL SUPPLIES	2,837	432,419		1,288,243.52		2.98	8.736		454.09		26.03
@DENTIST	2,611	11,180	\$	425,510.08	\$	38.06	.226	\$	162.97	\$	8.60
VISITS - DIAGNOSTIC	1,737	7,068		95,763.75		13.55	.143		55.13		1.93
ORAL SURGERY	444	1,051		53,143.85		50.57	.021		119.69		1.07
DRUGS	18	18		375.00		20.83	.000		20.83		.01
ANESTHESIA	4	4		300.00		75.00	.000		75.00		.01
PERIODONTICS	118	137		14,266.00		104.13	.003		120.90		.29
ENDODONTICS	183	259		62,763.50		242.33	.005		342.97		1.27
RESTORATIVE DENTISTRY	751	1,747		117,229.40		67.10	.035		156.10		2.37
PROSTHETICS	28	30		830.00		27.67	.001		29.64		.02
DENTURES, STAYPLATES	255	771		79,881.50		103.61	.016		313.26		1.61
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1	1		112.08		112.08	.000		112.08		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	17	17		770.00		45.29	.000		45.29		.02
ALL OTHER SERVICES	74	77		75.00		.97	.002		1.01		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND) EXPENDITUF	RES	MONTH-OF-PAYMENT RE	EPOR'	T FOR JAN	2004 THRU	DEC	2004	PA	AGE 9,682
MOP024	FEE-FOR-SERVICE/DENTA	ιL									03/14/05

TENODIC COUNTY	SOIMMING OF SERV	VIOLO ION IODLIO	11001	DITINGE DIGITEDED			M	ONT	HLY AVERA	CE	
49,496 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	ΔV	ERAGE COST			COST PER	-	COST PER
13, 130 111011110	ODLIND	OR DAYS OF CAR				R UNIT/DAY	PER ELIG	-	USER		ELIGIBLE
@OPTOMETRIST	1,073	2,949	\$	61,833.54	\$	20.97	.060		57.63	\$	1.25
DIAGNOSTIC AND ANC. PROCED	473	492	7	20,323.38	7	41.31	.010	7	42.97	-	.41
EYE APPLIANCES	778	2,232		36,135.56		16.19	.045		46.45		.73
OTHER OPTOMETRIC SERVICES	141	225		5,374.60		23.89	.005		38.12		.11
@CHIROPRACTOR	177	310	\$	-	\$.006	\$	28.95	\$.10
VISITS	170	301		5,007.64		16.64	.006		29.46		.10
OTHER SERVICES	7	9		115.95		12.88	.000		16.56		.00
@PODIATRIST	444	719	\$	13,192.53	\$.015	\$	29.71	\$.27
MEDICINE/INJECTIONS	144	161		5,072.72		31.51	.003		35.23		.10
SURGERY/ANES.	9	13		2,169.08		166.85	.000		241.01		.04
RADIO./PATHOLOGY	3	4		70.92		17.73	.000		23.64		.00
OTHER	298	541		5,879.81		10.87	.011		19.73		.12
@HOME HEALTH AGENCY	183	4,740	\$	193,252.11	\$	40.77	.096	\$	1056.02	\$	3.90
NURSE ANESTHESIST	8	102	\$	318.29	\$	3.12	.002	\$	39.79	\$.01
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	•	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	44	108	\$	2,651.38	\$	24.55	.002	\$	60.26	\$.05
@TOTAL HOSPITAL	5 , 751	39 , 733	\$	4,539,982.03	\$	114.26	.803	\$	789.42	\$	91.72
HOSP INPATIENT TOTAL	581	2 , 350		3,618,344.46		1539.72	.047		6227.79		73.10
HSC HOSPITALS	276	1,622		2,154,230.78		1328.13	.033		7805.18		43.52
NON-HSC HOSPITAL TOTAL	142	728		1,261,221.20		1732.45	.015		8881.84		25.48
ACCOMMODATIONS	142	728		424,445.10		583.03	.015		2989.05		8.58
ADMINISTRATIVE DAYS	1	13		3,006.90		231.30	.000		3006.90		.06
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	141	715		421,438.20		589.42	.014		2988.92		8.51
ANCILLARIES	142	0		836,776.10		.00	.000		5892.79		16.91

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

PLACER COUNTY

INPATIENT CROSSOVERS	174	0	202,892.48	.00	.000	1166.05	4.10
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5 , 360	37 , 383	921,637.57	24.65	.755	171.95	18.62
MEDICAL	939	1,520	65,500.41	43.09	.031	69.76	1.32
SURGERY	419	480	19,185.34	39.97	.010	45.79	.39
PATHOLOGY	1,985	11,638	116,359.65	10.00	.235	58.62	2.35
RADIOLOGY	1,180	1,846	159,472.13	86.39	.037	135.15	3.22
ROOM USE	2,539	3,686	136,306.96	36.98	.074	53.69	2.75
CROSSOVERS/ALL OTH OUTPTNT		18,213	424,813.08	23.32		149.27	8.58
@COUNTY HOSPITAL TOTAL	37	194 \$	66,554.85	\$ 343.07		1798.78	
CO HOSPITAL INPATIENT TOTAL		86	63,425.56	737.51	.002	12685.11	1.28
HSC HOSPITALS	1	6	8,112.00	1352.00		8112.00	.16
NON-HSC HOSPITALS TOTAL	4	80	55,313.56	691.42	.002	13828.39	1.12
ACCOMMODATIONS	4	80	18,504.00	231.30	.002	4626.00	.37
	0	0	-	.00			
ADMINISTRATIVE DAYS	0	0	.00		.000	.00	.00
TRANSITIONAL IP CARE			.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	80	18,504.00	231.30	.002	4626.00	.37
ANCILLARIES	4	0	36,809.56	.00	.000	9202.39	.74
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	32	108	3,129.29	28.97	.002	97.79	.06
MEDICAL	17	27	925.69	34.28	.001	54.45	.02
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	8	38	516.50	13.59	.001	64.56	.01
RADIOLOGY	1	1	138.67	138.67	.000	138.67	.00
ROOM USE	19	28	987.79	35.28	.001	51.99	.02
CROSSOVERS/ALL OTH OUTPINT	8	14	560.64	40.05	.000	70.08	.01
	MEDI-CAL SERVIC	CES AND EXPENDITURES MO		PORT FOR JAN	2004 THRU DE	C 2004	PAGE 9,683
MOP024	FEE-FOR-SERVICE	E/DENTAL					03/14/05
MOP024 PLACER COUNTY		C/DENTAL VICES FOR PUBLIC ASSIS				THLY AVERA	03/14/05
PLACER COUNTY	SUMMARY OF SERV	VICES FOR PUBLIC ASSIS	STANCE - DISABLED		MON		03/14/05 GE
		VICES FOR PUBLIC ASSISTANT		AVERAGE COST	MON UNITS/DAYS	COST PER	03/14/05 GE COST PER
PLACER COUNTY 49,496 ELIGIBLES	SUMMARY OF SERV	VICES FOR PUBLIC ASSIST UNITS OF SERVICE OR DAYS OF CARE	STANCE - DISABLED EXPENDITURES	AVERAGE COST PER UNIT/DAY	MON UNITS/DAYS PER ELIG	COST PER USER	03/14/05 GE COST PER ELIGIBLE
PLACER COUNTY 49,496 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERVUSERS	VICES FOR PUBLIC ASSIST UNITS OF SERVICE OR DAYS OF CARE 39,539 \$	STANCE - DISABLED EXPENDITURES 4,473,427.18	AVERAGE COST PER UNIT/DAY \$ 113.14	MON UNITS/DAYS PER ELIG .799 \$	COST PER USER 782.61	03/14/05 GE COST PER ELIGIBLE \$ 90.38
PLACER COUNTY 49,496 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERV USERS 5,716 576	VICES FOR PUBLIC ASSISTANCE UNITS OF SERVICE OR DAYS OF CARE 39,539 \$ 2,264	EXPENDITURES 4,473,427.18 3,554,918.90	AVERAGE COST PER UNIT/DAY \$ 113.14 1570.19	MON UNITS/DAYS PER ELIG .799 \$	COST PER USER 782.61 6171.73	03/14/05 GE COST PER ELIGIBLE \$ 90.38 71.82
PLACER COUNTY 49,496 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERV USERS 5,716 576 275	UNITS OF SERVICE OR DAYS OF CARE 39,539 \$ 2,264 1,616	EXPENDITURES 4,473,427.18 3,554,918.90 2,146,118.78	AVERAGE COST PER UNIT/DAY \$ 113.14 1570.19 1328.04	MON UNITS/DAYS PER ELIG .799 \$.046 .033	COST PER USER 782.61 6171.73 7804.07	03/14/05 GE COST PER ELIGIBLE \$ 90.38 71.82 43.36
PLACER COUNTY 49,496 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERV USERS 5,716 576 275 138	UNITS OF SERVICE OR DAYS OF CARE 39,539 \$ 2,264 1,616 648	EXPENDITURES 4,473,427.18 3,554,918.90 2,146,118.78 1,205,907.64	AVERAGE COST PER UNIT/DAY \$ 113.14 1570.19 1328.04 1860.97	MON UNITS/DAYS PER ELIG .799 \$.046 .033 .013	COST PER USER 782.61 6171.73 7804.07 8738.46	03/14/05 GE COST PER ELIGIBLE \$ 90.38 71.82 43.36 24.36
PLACER COUNTY 49,496 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	SUMMARY OF SERV USERS 5,716 576 275 138 138	UNITS OF SERVICE OR DAYS OF CARE 39,539 \$ 2,264 1,616 648 648	EXPENDITURES 4,473,427.18 3,554,918.90 2,146,118.78 1,205,907.64 405,941.10	AVERAGE COST PER UNIT/DAY \$ 113.14 1570.19 1328.04 1860.97	MON UNITS/DAYS PER ELIG .799 \$.046 .033 .013 .013	COST PER USER 782.61 6171.73 7804.07 8738.46 2941.60	03/14/05 GE COST PER ELIGIBLE \$ 90.38 71.82 43.36 24.36 8.20
PLACER COUNTY 49,496 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERV USERS 5,716 576 275 138 138 138	UNITS OF SERVICE OR DAYS OF CARE 39,539 \$ 2,264 1,616 648 648 13	EXPENDITURES 4,473,427.18 3,554,918.90 2,146,118.78 1,205,907.64 405,941.10 3,006.90	AVERAGE COST PER UNIT/DAY \$ 113.14 1570.19 1328.04 1860.97 626.45 231.30	MON UNITS/DAYS PER ELIG	COST PER USER 782.61 6171.73 7804.07 8738.46 2941.60 3006.90	03/14/05 GE COST PER ELIGIBLE \$ 90.38 71.82 43.36 24.36 8.20 .06
PLACER COUNTY 49,496 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERV USERS 5,716 576 275 138 138 138 0	UNITS OF SERVICE OR DAYS OF CARE 39,539 \$ 2,264 1,616 648 648 13 0	EXPENDITURES 4,473,427.18 3,554,918.90 2,146,118.78 1,205,907.64 405,941.10 3,006.90 .00	AVERAGE COST PER UNIT/DAY \$ 113.14 1570.19 1328.04 1860.97 626.45 231.30 .00	MON UNITS/DAYS PER ELIG	COST PER USER 782.61 6171.73 7804.07 8738.46 2941.60 3006.90 .00	03/14/05 GE COST PER ELIGIBLE \$ 90.38 71.82 43.36 24.36 8.20 .06 .00
PLACER COUNTY 49,496 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERV USERS 5,716 576 275 138 138 138 1	VICES FOR PUBLIC ASSISTANCE OR DAYS OF CARE 39,539 \$ 2,264 1,616 648 648 13 0 635	EXPENDITURES 4,473,427.18 3,554,918.90 2,146,118.78 1,205,907.64 405,941.10 3,006.90 .00 402,934.20	AVERAGE COST PER UNIT/DAY \$ 113.14 1570.19 1328.04 1860.97 626.45 231.30 .00 634.54	MON UNITS/DAYS PER ELIG	COST PER USER 782.61 6171.73 7804.07 8738.46 2941.60 3006.90 .00 2941.13	03/14/05 GE COST PER ELIGIBLE \$ 90.38 71.82 43.36 24.36 8.20 .06 .00 8.14
PLACER COUNTY 49,496 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERV USERS 5,716 576 275 138 138 138 1 0 137 138	UNITS OF SERVICE OR DAYS OF CARE 39,539 \$ 2,264 1,616 648 648 13 0 635 0	EXPENDITURES 4,473,427.18 3,554,918.90 2,146,118.78 1,205,907.64 405,941.10 3,006.90 .00 402,934.20 799,966.54	AVERAGE COST PER UNIT/DAY \$ 113.14 1570.19 1328.04 1860.97 626.45 231.30 .00 634.54	MON UNITS/DAYS PER ELIG .799 \$.046 .033 .013 .013 .000 .000 .013 .000	COST PER USER 782.61 6171.73 7804.07 8738.46 2941.60 3006.90 .00 2941.13 5796.86	03/14/05 GE COST PER ELIGIBLE \$ 90.38 71.82 43.36 24.36 8.20 .06 .00 8.14 16.16
PLACER COUNTY 49,496 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERV USERS 5,716 576 275 138 138 138 1 0 137 138 174	UNITS OF SERVICE OR DAYS OF CARE 39,539 2,264 1,616 648 648 13 0 635 0	EXPENDITURES 4,473,427.18 3,554,918.90 2,146,118.78 1,205,907.64 405,941.10 3,006.90 .00 402,934.20 799,966.54 202,892.48	AVERAGE COST PER UNIT/DAY \$ 113.14 1570.19 1328.04 1860.97 626.45 231.30 .00 634.54 .00	MON UNITS/DAYS PER ELIG .799 \$.046 .033 .013 .013 .000 .000 .013 .000 .000	COST PER USER 782.61 6171.73 7804.07 8738.46 2941.60 3006.90 .00 2941.13 5796.86 1166.05	03/14/05 GE COST PER ELIGIBLE \$ 90.38 71.82 43.36 24.36 8.20 .06 .00 8.14 16.16 4.10
PLACER COUNTY 49,496 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERV USERS 5,716 576 275 138 138 138 1 0 137 138 174 0	UNITS OF SERVICE OR DAYS OF CARE 39,539 2,264 1,616 648 648 13 0 635 0 0	EXPENDITURES 4,473,427.18 3,554,918.90 2,146,118.78 1,205,907.64 405,941.10 3,006.90 .00 402,934.20 799,966.54 202,892.48 .00	AVERAGE COST PER UNIT/DAY \$ 113.14 1570.19 1328.04 1860.97 626.45 231.30 .00 634.54 .00 .00	MON UNITS/DAYS PER ELIG .799 \$.046 .033 .013 .003 .000 .000 .000 .013 .000 .000	COST PER USER 782.61 6171.73 7804.07 8738.46 2941.60 3006.90 .00 2941.13 5796.86 1166.05 .00	03/14/05 GE COST PER ELIGIBLE \$ 90.38 71.82 43.36 24.36 8.20 .06 .00 8.14 16.16 4.10 .00
PLACER COUNTY 49,496 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	SUMMARY OF SERV USERS 5,716 576 275 138 138 138 1 0 137 138 174 0 5,330	UNITS OF SERVICE OR DAYS OF CARE 39,539 2,264 1,616 648 648 13 0 635 0 0 37,275	EXPENDITURES 4,473,427.18 3,554,918.90 2,146,118.78 1,205,907.64 405,941.10 3,006.90 .00 402,934.20 799,966.54 202,892.48 .00 918,508.28	AVERAGE COST PER UNIT/DAY \$ 113.14 1570.19 1328.04 1860.97 626.45 231.30 .00 634.54 .00 .00 .00	MON UNITS/DAYS PER ELIG .799 \$.046 .033 .013 .013 .000 .000 .013 .000 .000	COST PER USER 782.61 6171.73 7804.07 8738.46 2941.60 3006.90 2941.13 5796.86 1166.05 .00 172.33	03/14/05 GE COST PER ELIGIBLE \$ 90.38 71.82 43.36 24.36 8.20 .06 .00 8.14 16.16 4.10 .00 18.56
PLACER COUNTY 49,496 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERV USERS 5,716 576 275 138 138 138 1 0 15,330 922	UNITS OF SERVICE OR DAYS OF CARE 39,539 2,264 1,616 648 648 13 0 635 0 0	EXPENDITURES 4,473,427.18 3,554,918.90 2,146,118.78 1,205,907.64 405,941.10 3,006.90 .00 402,934.20 799,966.54 202,892.48 .00	AVERAGE COST PER UNIT/DAY \$ 113.14 1570.19 1328.04 1860.97 626.45 231.30 .00 634.54 .00 .00	MON UNITS/DAYS PER ELIG .799 \$.046 .033 .013 .003 .000 .000 .000 .013 .000 .000	COST PER USER 782.61 6171.73 7804.07 8738.46 2941.60 3006.90 .00 2941.13 5796.86 1166.05 .00	03/14/05 GE COST PER ELIGIBLE \$ 90.38 71.82 43.36 24.36 8.20 .06 .00 8.14 16.16 4.10 .00
PLACER COUNTY 49,496 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	SUMMARY OF SERV USERS 5,716 576 275 138 138 138 1 0 137 138 174 0 5,330	UNITS OF SERVICE OR DAYS OF CARE 39,539 2,264 1,616 648 648 13 0 635 0 0 37,275	EXPENDITURES 4,473,427.18 3,554,918.90 2,146,118.78 1,205,907.64 405,941.10 3,006.90 .00 402,934.20 799,966.54 202,892.48 .00 918,508.28	AVERAGE COST PER UNIT/DAY \$ 113.14 1570.19 1328.04 1860.97 626.45 231.30 .00 634.54 .00 .00 .00	MON UNITS/DAYS PER ELIG .799 \$.046 .033 .013 .013 .000 .000 .013 .000 .000	COST PER USER 782.61 6171.73 7804.07 8738.46 2941.60 3006.90 2941.13 5796.86 1166.05 .00 172.33	03/14/05 GE COST PER ELIGIBLE \$ 90.38 71.82 43.36 24.36 8.20 .06 .00 8.14 16.16 4.10 .00 18.56 1.30 .39
PLACER COUNTY 49,496 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	SUMMARY OF SERV USERS 5,716 576 275 138 138 138 1 0 5,330 922 419 1,977	UNITS OF SERVICE OR DAYS OF CARE 39,539 \$ 2,264 1,616 648 648 13 0 635 0 0 37,275 1,493 480 11,600	EXPENDITURES 4,473,427.18 3,554,918.90 2,146,118.78 1,205,907.64 405,941.10 3,006.90 .00 402,934.20 799,966.54 202,892.48 .00 918,508.28 64,574.72 19,185.34 115,843.15	AVERAGE COST PER UNIT/DAY \$ 113.14 1570.19 1328.04 1860.97 626.45 231.30 .00 634.54 .00 .00 .00 24.64 43.25 39.97 9.99	MON UNITS/DAYS PER ELIG .799 \$.046 .033 .013 .003 .000 .000 .013 .000 .000	COST PER USER 782.61 6171.73 7804.07 8738.46 2941.60 3006.90 .00 2941.13 5796.86 1166.05 .00 172.33 70.04 45.79 58.60	03/14/05 GE COST PER ELIGIBLE \$ 90.38 71.82 43.36 24.36 8.20 .06 .00 8.14 16.16 4.10 .00 18.56 1.30 .39 2.34
PLACER COUNTY 49,496 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	SUMMARY OF SERV USERS 5,716 576 275 138 138 138 1 0 5,330 922 419	UNITS OF SERVICE OR DAYS OF CARE 39,539 \$ 2,264 1,616 648 648 13 0 635 0 0 37,275 1,493 480	EXPENDITURES 4,473,427.18 3,554,918.90 2,146,118.78 1,205,907.64 405,941.10 3,006.90 .00 402,934.20 799,966.54 202,892.48 .00 918,508.28 64,574.72 19,185.34	AVERAGE COST PER UNIT/DAY \$ 113.14 1570.19 1328.04 1860.97 626.45 231.30 .00 634.54 .00 .00 .00 24.64 43.25 39.97	MON UNITS/DAYS PER ELIG .799 \$.046 .033 .013 .013 .000 .000 .000 .013 .000 .000	COST PER USER 782.61 6171.73 7804.07 8738.46 2941.60 3006.90 .00 2941.13 5796.86 1166.05 .00 172.33 70.04 45.79	03/14/05 GE COST PER ELIGIBLE \$ 90.38 71.82 43.36 24.36 8.20 .06 .00 8.14 16.16 4.10 .00 18.56 1.30 .39
PLACER COUNTY 49,496 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	SUMMARY OF SERV USERS 5,716 576 275 138 138 138 1 0 5,330 922 419 1,977	UNITS OF SERVICE OR DAYS OF CARE 39,539 \$ 2,264 1,616 648 648 13 0 635 0 0 37,275 1,493 480 11,600	EXPENDITURES 4,473,427.18 3,554,918.90 2,146,118.78 1,205,907.64 405,941.10 3,006.90 .00 402,934.20 799,966.54 202,892.48 .00 918,508.28 64,574.72 19,185.34 115,843.15	AVERAGE COST PER UNIT/DAY \$ 113.14 1570.19 1328.04 1860.97 626.45 231.30 .00 634.54 .00 .00 .00 24.64 43.25 39.97 9.99	MON UNITS/DAYS PER ELIG .799 \$.046 .033 .013 .013 .000 .000 .000 .013 .000 .000	COST PER USER 782.61 6171.73 7804.07 8738.46 2941.60 3006.90 .00 2941.13 5796.86 1166.05 .00 172.33 70.04 45.79 58.60	03/14/05 GE COST PER ELIGIBLE \$ 90.38 71.82 43.36 24.36 8.20 .06 .00 8.14 16.16 4.10 .00 18.56 1.30 .39 2.34
PLACER COUNTY 49,496 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	SUMMARY OF SERV USERS 5,716 576 275 138 138 138 1 0 5,330 922 419 1,977 1,179	UNITS OF SERVICE OR DAYS OF CARE 39,539 \$ 2,264 1,616 648 648 13 0 635 0 0 37,275 1,493 480 11,600 1,845	EXPENDITURES 4,473,427.18 3,554,918.90 2,146,118.78 1,205,907.64 405,941.10 3,006.90 .00 402,934.20 799,966.54 202,892.48 .00 918,508.28 64,574.72 19,185.34 115,843.15 159,333.46	AVERAGE COST PER UNIT/DAY \$ 113.14 1570.19 1328.04 1860.97 626.45 231.30 .00 634.54 .00 .00 .00 24.64 43.25 39.97 9.99 86.36	MON UNITS/DAYS PER ELIG .799 \$.046 .033 .013 .013 .000 .000 .000 .013 .000 .000	COST PER USER 782.61 6171.73 7804.07 8738.46 2941.60 3006.90 .00 2941.13 5796.86 1166.05 .00 172.33 70.04 45.79 58.60 135.14	03/14/05 GE COST PER ELIGIBLE \$ 90.38 71.82 43.36 24.36 8.20 .06 .00 8.14 16.16 4.10 .00 18.56 1.30 .39 2.34 3.22
PLACER COUNTY 49,496 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERV USERS 5,716 576 275 138 138 138 1 0 137 138 174 0 5,330 922 419 1,977 1,179 2,521	UNITS OF SERVICE OR DAYS OF CARE 39,539 2,264 1,616 648 648 13 0 635 0 0 37,275 1,493 480 11,600 1,845 3,658	EXPENDITURES 4,473,427.18 3,554,918.90 2,146,118.78 1,205,907.64 405,941.10 3,006.90 .00 402,934.20 799,966.54 202,892.48 .00 918,508.28 64,574.72 19,185.34 115,843.15 159,333.46 135,319.17	AVERAGE COST PER UNIT/DAY \$ 113.14 1570.19 1328.04 1860.97 626.45 231.30 .00 634.54 .00 .00 24.64 43.25 39.97 9.99 86.36 36.99	MON UNITS/DAYS PER ELIG .799 \$.046 .033 .013 .013 .000 .000 .013 .000 .000	COST PER USER 782.61 6171.73 7804.07 8738.46 2941.60 3006.90 .00 2941.13 5796.86 1166.05 .00 172.33 70.04 45.79 58.60 135.14 53.68 149.49	03/14/05 GE COST PER ELIGIBLE \$ 90.38 71.82 43.36 24.36 8.20 .06 .00 8.14 16.16 4.10 .00 18.56 1.30 .39 2.34 3.22 2.73 8.57
PLACER COUNTY 49,496 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERV USERS 5,716 576 275 138 138 138 1 0 137 138 174 0 5,330 922 419 1,977 1,179 2,521 2,838	UNITS OF SERVICE OR DAYS OF CARE 39,539 2,264 1,616 648 648 13 0 635 0 0 37,275 1,493 480 11,600 1,845 3,658 18,199	EXPENDITURES 4,473,427.18 3,554,918.90 2,146,118.78 1,205,907.64 405,941.10 3,006.90 .00 402,934.20 799,966.54 202,892.48 .00 918,508.28 64,574.72 19,185.34 115,843.15 159,333.46 135,319.17 424,252.44	AVERAGE COST PER UNIT/DAY \$ 113.14 1570.19 1328.04 1860.97 626.45 231.30 .00 634.54 .00 .00 24.64 43.25 39.97 9.99 86.36 36.99 23.31	MON UNITS/DAYS PER ELIG .799 \$.046 .033 .013 .013 .000 .000 .013 .000 .000	COST PER USER 782.61 6171.73 7804.07 8738.46 2941.60 3006.90 .00 2941.13 5796.86 1166.05 .00 172.33 70.04 45.79 58.60 135.14 53.68 149.49	03/14/05 GE COST PER ELIGIBLE \$ 90.38 71.82 43.36 24.36 8.20 .06 .00 8.14 16.16 4.10 .00 18.56 1.30 .39 2.34 3.22 2.73 8.57
PLACER COUNTY 49,496 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	USERS 5,716 576 275 138 138 138 1 0 137 138 174 0 5,330 922 419 1,977 1,179 2,521 2,838 0	UNITS OF SERVICE OR DAYS OF CARE 39,539 2,264 1,616 648 648 13 0 635 0 0 37,275 1,493 480 11,600 1,845 3,658 18,199 0 \$	EXPENDITURES 4,473,427.18 3,554,918.90 2,146,118.78 1,205,907.64 405,941.10 3,006.90 .00 402,934.20 799,966.54 202,892.48 .00 918,508.28 64,574.72 19,185.34 115,843.15 159,333.46 135,319.17 424,252.44 .00 .00	AVERAGE COST PER UNIT/DAY \$ 113.14 1570.19 1328.04 1860.97 626.45 231.30 .00 634.54 .00 .00 .00 24.64 43.25 39.97 9.99 86.36 36.99 23.31 \$.00	MON UNITS/DAYS PER ELIG .799 \$.046 .033 .013 .013 .000 .000 .000 .013 .000 .000	COST PER USER 782.61 6171.73 7804.07 8738.46 2941.60 3006.90 .00 2941.13 5796.86 1166.05 .00 172.33 70.04 45.79 58.60 135.14 53.68 149.49 .00 .00	03/14/05 GE COST PER ELIGIBLE \$ 90.38 71.82 43.36 24.36 8.20 .06 .00 8.14 16.16 4.10 .00 18.56 1.30 .39 2.34 3.22 2.73 8.57 \$.00 .00
PLACER COUNTY 49,496 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	USERS 5,716 576 275 138 138 138 174 0 5,330 922 419 1,977 1,179 2,521 2,838 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 39,539 2,264 1,616 648 648 648 13 0 635 0 0 37,275 1,493 480 11,600 1,845 3,658 18,199 0 0	EXPENDITURES 4,473,427.18 3,554,918.90 2,146,118.78 1,205,907.64 405,941.10 3,006.90 402,934.20 799,966.54 202,892.48 00 918,508.28 64,574.72 19,185.34 115,843.15 159,333.46 135,319.17 424,252.44 00 00 00	AVERAGE COST PER UNIT/DAY \$ 113.14 1570.19 1328.04 1860.97 626.45 231.30 .00 634.54 .00 .00 .00 24.64 43.25 39.97 9.99 86.36 36.99 23.31 \$.00 .00 .00	MON UNITS/DAYS PER ELIG .799 \$.046 .033 .013 .013 .000 .000 .013 .000 .000	COST PER USER 782.61 6171.73 7804.07 8738.46 2941.60 3006.90 .00 2941.13 5796.86 1166.05 .00 172.33 70.04 45.79 58.60 135.14 53.68 149.49 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$ 90.38 71.82 43.36 24.36 8.20 .06 .00 8.14 16.16 4.10 .00 18.56 1.30 .39 2.34 3.22 2.73 8.57 \$.00 .00 .00
PLACER COUNTY 49,496 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERV USERS 5,716 576 275 138 138 138 1 0 137 138 174 0 5,330 922 419 1,977 1,179 2,521 2,838 0 0	UNITS OF SERVICE OR DAYS OF CARE 39,539 2,264 1,616 648 648 13 0 635 0 0 37,275 1,493 480 11,600 1,845 3,658 18,199 0 \$	EXPENDITURES 4,473,427.18 3,554,918.90 2,146,118.78 1,205,907.64 405,941.10 3,006.90 .00 402,934.20 799,966.54 202,892.48 .00 918,508.28 64,574.72 19,185.34 115,843.15 159,333.46 135,319.17 424,252.44 .00 .00	AVERAGE COST PER UNIT/DAY \$ 113.14 1570.19 1328.04 1860.97 626.45 231.30 .00 634.54 .00 .00 .00 24.64 43.25 39.97 9.99 86.36 36.99 23.31 \$.00	MON UNITS/DAYS PER ELIG .799 \$.046 .033 .013 .013 .000 .000 .000 .013 .000 .000	COST PER USER 782.61 6171.73 7804.07 8738.46 2941.60 3006.90 .00 2941.13 5796.86 1166.05 .00 172.33 70.04 45.79 58.60 135.14 53.68 149.49 .00 .00 .00	03/14/05 GE COST PER ELIGIBLE \$ 90.38 71.82 43.36 24.36 8.20 .06 .00 8.14 16.16 4.10 .00 18.56 1.30 .39 2.34 3.22 2.73 8.57 \$.00 .00 .00

LEV B-REHAB MD	1	17		2,130.44		125.32	.000		2130.44		.04
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	453	12,761		1,647,880.07		129.13	.258		3637.70		33.29
@INTERMEDIATE CARE FACILDD	180	5,471	\$	1,070,808.96	\$	195.72	.111	\$	5948.94	\$	21.63
ICF DDH	53	1,597		270,419.06		169.33	.032		5102.25		5.46
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	127	3,874		800,389.90		206.61	.078		6302.28		16.17
@HEMODIALYSIS TOTAL	240	5,523	\$	271,387.24	\$	49.14	.112	\$	1130.78	\$	5.48
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	240	5,523		271,387.24		49.14	.112		1130.78		5.48
@REHABILITATION FACILITY	48	286	\$	6,340.88	\$	22.17	.006	\$	132.10	\$.13
HOSPITAL BASED	34	133		4,085.73		30.72	.003		120.17		.08
INDEPENDENT FACILITY	14	153		2,255.15		14.74	.003		161.08		.05
@LABORATORY FACILITY	2,276	9,163	\$	105,206.33	\$	11.48	.185	\$	46.22	\$	2.13
PATHOLOGY	2,240	9,052		104,705.16		11.57	.183		46.74		2.12
XO AND OTHERS	36	111		501.17		4.52	.002		13.92		.01
@ORGANIZED OUTPATIENT CLINIC	4,733	7,914	\$	1,095,861.20	\$	138.47	.160	\$	231.54	\$	22.14
CLINIC	297	657		17,730.38		26.99	.013		59.70		.36
SURGICENTER	108	421		21,591.55		51.29	.009		199.92		.44
HEROIN DETOX CLINIC	6	81		1,003.18		12.38	.002		167.20		.02
RURAL HEALTH CLINIC	4,346	6 , 755		1,055,536.09		156.26	.136		242.88		21.33
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND I	EXPENDITU	RES M	MONTH-OF-PAYMENT I	REPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 9,684
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR	R PUBLIC	ASSI	ISTANCE - DISABLEI	D						

THACHI COUNTI	SOMMAN OF SEN	VICES FOR TODDIC ASSI	STANCE DISABLED				~=
					MON		-
49,496 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	6 , 328	326,128 \$	1,928,855.69	\$ 5.91	6.589 \$		•
DURABLE MED. EQUIP.	550	2,239	294,167.55	131.38	.045	534.85	5.94
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	29	34	6,988.26	205.54	.001	240.97	.14
MEDICAL TRANSPORTATION	1,067	51 , 622	239,411.19	4.64	1.043	224.38	4.84
AMBULANCES/AIR TRANS	620	5 , 068	94,855.68	18.72	.102	152.99	1.92
OTHER TRANS	447	46,383	133,240.78	2.87	.937	298.08	2.69
OTHER SERVICES	46	171	11,314.73	66.17	.003	245.97	.23
ACUPUNCTURE	17	40	735.28	18.38	.001	43.25	.01
ADULT DAY HEALTH CARE CTR	579	9,693	673,345.16	69.47	.196	1162.95	13.60
GENETIC DISEASE TESTING	6	6	630.00	105.00	.000	105.00	.01
IHMC, MODEL-NF, NF, AIDS, MSSP	102	3,874	141,808.28	36.61	.078	1390.28	2.87
OCCUPATIONAL THERAPIST	22	357	1,854.79	5.20	.007	84.31	.04
OPTICIAN	837	1,840	19,633.45	10.67	.037	23.46	.40
PHYSICAL THERAPIST	6	42	558.35	13.29	.001	93.06	.01
PORTABLE X-RAY	44	79	960.84	12.16	.002	21.84	.02
PROSTHETIST/ORTHOTISTS	76	193	27,087.55	140.35	.004	356.42	.55
PROSTHETICS	76	193	27,087.55	140.35	.004	356.42	.55
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	21	32	690.02	21.56	.001	32.86	.01
SPEECH AND AUDIOLOGY	930	4,057	172,494.57	42.52	.082	185.48	3.49
HOSPICE SERVICES	25	479	60,765.34	126.86	.010	2430.61	1.23
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	838	39,451	152,418.34	3.86	.797	181.88	3.08
EPSDT SUPPLEMENTAL SERVICE	8	683	20,087.03	29.41	.014	2510.88	.41
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	1,728	211,407	115,219.69	.55	4.271	66.68	2.33
@CALIF. CHILDREN SERVICES*	653	29,468	\$ 1,599,097.85	\$ 54.27	.595	\$ 2448.85	\$ 32.31
@XOVER EXCLUDING STATE HOSP**	5,438	45,548	\$ 733,184.98	\$ 16.10	.920	\$ 134.83	\$ 14.81

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,685 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 PLACER COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

FLACER COUNTI	DOMMANT OF DER	VICES FOR FUBLIC A	22121	ANCE LAMILIES				
						MON	ITHLY AVERA	GE
48,481 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	23,925	101,714	\$	5,100,894.00	\$ 50.15	2.098	\$ 213.20	\$ 105.21
@PHYSICIANS SERVICES	10,757	23,341	\$	983,580.15	\$ 42.14	.481	91.44	\$ 20.29
OUTPATIENT VISITS	8,827	11,659		418,623.36	35.91	.240	47.43	8.63
OFFICE VISITS	6 , 286	7,896		251,841.09	31.89	.163	40.06	5.19
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1,955	2,268		114,783.95	50.61	.047	58.71	2.37
PREVENTIVE CARE	8	8		386.35	48.29	.000	48.29	.01
OB VISITS/COMPRE PERI	225	385		25,776.15	66.95	.008	114.56	.53
OTHER OUTPATIENT	1,006	1,102		25,835.82	23.44	.023	25.68	.53
INPATIENT VISITS	266	782		51,222.53	65.50	.016	192.57	1.06
HOSPITAL VISITS	256	611		29,568.74	48.39	.013	115.50	.61
CRITICAL CARE	23	171		21,653.79	126.63	.004	941.47	.45
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	78	106		4,163.65	39.28	.002	53.38	.09
EXAMINATIONS	77	105		4,143.65	39.46	.002	53.81	.09
SERVICES AND MATERIALS	1	1		20.00	20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	278	1,211		166,145.08	137.20	.025	597.64	3.43
PRINCIPAL SURGEON	183	232		135,005.45	581.92	.005	737.73	2.78
ASSISTANT SURGEON	38	35		5,981.23	170.89	.001	157.40	.12
ANESTHESIOLOGIST	115	944		25,158.40	26.65	.019	218.77	.52

	= 0.4			4.00 0.00 = 0							
OUTPATIENT SURGERY	721	1,423		102,308.72		71.90	.02		141.90		2.11
PRINCIPAL SURGEON	627	802		84,533.87		05.40	.01		134.82		1.74
ASSISTANT SURGEON	8	8		744.61		93.08	.00		93.08		.02
ANESTHESIOLOGIST	135	613		17,030.24		27.78	.01	3	126.15		.35
DIALYSIS	0	0		.00		.00	.00	С	.00		.00
PATHOLOGY	938	1,232		15,507.41		12.59	.02	5	16.53		.32
RADIOLOGY	1,839	2,701		134,400.10		49.76	.05	6	73.08		2.77
PSYCHIATRY	76	83		2,737.34		32.98	.00	2	36.02		.06
IMMUNIZATION AND INJECTION	205	816		26,004.52		31.87	.01	7	126.85		.54
OTHER SERVICES/ALL X-OVERS	834	3,328		62,467.44		18.77	.06	9	74.90		1.29
@PHARMACY	10,912	26,091	\$	1,311,869.79	\$	50.28	.53	3 \$	120.22	\$	27.06
PRESCRIPTION DRUGS	10,861	23,642		1,285,969.43		54.39	.48	3	118.40		26.53
SNF/ICF	. 27	162		9,531.58		58.84	.00	3	353.02		.20
OUTPATIENTS	10,845	23,480		1,276,437.85		54.36	.48		117.70		26.33
MEDICAL SUPPLIES	263	2,449		25,900.36		10.58	.05		98.48		.53
@DENTIST	3,205	15,372	\$	478,204.77		31.11		7 \$		Ś	9.86
VISITS - DIAGNOSTIC	2,346	10,742		160,260.00		14.92	.22		68.31		3.31
ORAL SURGERY	410	734		41,024.10		55.89	.01		100.06		.85
DRUGS	147	151		3,476.25		23.02	.00		23.65		.07
ANESTHESIA	10	11		1,100.00		00.00	.00		110.00		.02
PERIODONTICS	21	21		1,870.00		89.05	.00		89.05		.04
ENDODONTICS	284	547		81,680.80		49.33	.01		287.61		1.68
RESTORATIVE DENTISTRY	1,076	2,833		162,031.30		57.19	.05		150.59		3.34
PROSTHETICS	1 , 070	2 , 033		180.00		36.00	.00		36.00		.00
DENTURES, STAYPLATES	12	19		4,985.00		62.37	.00		415.42		.10
SPACE MAINTAINERS	33	45		5,150.00		14.44	.00		156.06		.11
MAXILLOFACIAL SERVICES	4	5		3,500.70		00.14	.00		875.18		.07
	4	J 1		700.00							
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES	131	174				00.00	.00		700.00		.01
				11,271.62		64.78	.00		86.04		.23
ALL OTHER SERVICES	91	84		975.00		11.61	.00		10.71	_	.02
#CALIF DEPT OF HEALTH SERV			RES I	MONTH-OF-PAYMENT RI	EPORT F	OR JAN	2004 THR	J DEC	2 2004	P	AGE 9,686
MOP024	FEE-FOR-SERVICE										03/14/05
PLACER COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	ASS:	ISTANCE - FAMILIES						~-	
			_						THLY AVERA		
48,481 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES			'UNITS/D	_	COST PER		COST PER
		OR DAYS OF CAR	E		PER U	NIT/DAY	PER EL	IG	USER]	ELIGIBLE

								O - · · -		~_	
48,481 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES		ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	C		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	615	1,711	\$	39,065.58	\$	22.83	.035	\$	63.52	\$.81
DIAGNOSTIC AND ANC. PROCED	470	488		20,822.13		42.67	.010		44.30		.43
EYE APPLIANCES	437	1,207		17,784.64		14.73	.025		40.70		.37
OTHER OPTOMETRIC SERVICES	14	16		458.81		28.68	.000		32.77		.01
@CHIROPRACTOR	60	89	\$	1,479.72	\$	16.63	.002	\$	24.66	\$.03
VISITS	60	89		1,479.72		16.63	.002		24.66		.03
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	57	74	\$	3,298.32	\$	44.57	.002	\$	57.87	\$.07
MEDICINE/INJECTIONS	57	63		2,598.03		41.24	.001		45.58		.05
SURGERY/ANES.	4	4		349.23		87.31	.000		87.31		.01
RADIO./PATHOLOGY	4	5		86.50		17.30	.000		21.63		.00
OTHER	2	2		264.56		132.28	.000		132.28		.01
@HOME HEALTH AGENCY	27	68	\$	4,128.17	\$	60.71	.001	\$	152.90	\$.09
NURSE ANESTHESIST	1	4	\$	62.92	\$	15.73	.000	\$	62.92	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	12	40	\$	968.87	\$	24.22	.001	\$	80.74	\$.02
@TOTAL HOSPITAL	4,161	15,121	\$	1,548,053.68	\$	102.38	.312	\$	372.04	\$	31.93
HOSP INPATIENT TOTAL	266	896		1,192,804.41		1331.25	.018		4484.23		24.60
HSC HOSPITALS	209	682		882,963.32		1294.67	.014		4224.70		18.21

ACCOMMODATIONS 58 214 120,720.17 564.11 .004 2081.38	2.49
ACCOMINIODALIONS 30 214 120,/20.1/ 304.11 .004 2081.38	2.42
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00	.00
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00	.00
ALL OTHER ACCOM 58 214 120,720.17 564.11 .004 2081.38 ANCILLARIES 58 0 189,120.92 .00 .000 3260.71	2.49
ANCILLARIES 58 0 189,120.92 .00 .000 3260.71	3.90
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00	.00
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00	.00
HOSP OUTPATIENT TOTAL 4,017 14,225 355,249.27 24.97 .293 88.44	7.33
MEDICAL 479 678 20,458.73 30.18 .014 42.71	.42
SURGERY 420 466 15,338.61 32.92 .010 36.52	.32
	1.15
RADIOLOGY 929 1,232 76,502.87 62.10 .025 82.35	1.58
	2.93
CROSSOVERS/ALL OTH OUTPINT 1,315 2,930 44,781.80 15.28 .060 34.05	.92
@COUNTY HOSPITAL TOTAL 10 35 \$ 3,744.85 \$ 107.00 .001 \$ 374.49 \$.08
CO HOSPITAL INPATIENT TOTAL 1 2 2,704.00 1352.00 .000 2704.00	.06
HSC HOSPITALS 1 2 2,704.00 1352.00 .000 2704.00	.06
NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00 .00	.00
ACCOMMODATIONS 0 0 .00 .00 .00 .00	.00
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00	.00
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00	.00
ALL OTHER ACCOM 0 0 .00 .00 .00 .00	.00
ANCILLARIES 0 0 0 .00 .00 .00 .00	.00
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00	.00
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00	.00
CO HOSP OUTPATIENT TOTAL 9 33 1,040.85 31.54 .001 115.65	.02
MEDICAL 2 2 92.65 46.33 .000 46.33	.00
SURGERY 1 2 59.22 29.61 .000 59.22	.00
PATHOLOGY 4 9 240.75 26.75 .000 60.19	.00
RADIOLOGY 2 3 93.44 31.15 .000 46.72	.00
ROOM USE 8 11 507.31 46.12 .000 63.41	.01
CROSSOVERS/ALL OTH OUTPINT 3 6 47.48 7.91 .000 15.83	.00
	9,687
	/14/05
PLACER COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES	
MONTHLY AVERAGE	

48,481 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4,152	15,086 \$	1,544,308.83	\$ 102.37	.311 \$	371.94	\$ 31.85
COMM HOSP INPATIENT TOTAL	266	894	1,190,100.41	1331.21	.018	4474.06	24.55
HSC HOSPITALS	209	680	880,259.32	1294.50	.014	4211.77	18.16
NON-HSC HOSPITALS TOTAL	58	214	309,841.09	1447.86	.004	5342.09	6.39
ACCOMMODATIONS	58	214	120,720.17	564.11	.004	2081.38	2.49
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	58	214	120,720.17	564.11	.004	2081.38	2.49
ANCILLARIES	58	0	189,120.92	.00	.000	3260.71	3.90
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4,008	14,192	354,208.42	24.96	.293	88.38	7.31
MEDICAL	477	676	20,366.08	30.13	.014	42.70	.42
SURGERY	419	464	15,279.39	32.93	.010	36.47	.32
PATHOLOGY	1,289	5,053	55 , 711.89	11.03	.104	43.22	1.15
RADIOLOGY	927	1,229	76,409.43	62.17	.025	82.43	1.58
ROOM USE	3,062	3,846	141,707.31	36.85	.079	46.28	2.92

CDOCCOLUDO / ALL ORU OLUDRAM	1 212	2 024		44 724 22		1 - 20	0.00		24 10		0.0
CROSSOVERS/ALL OTH OUTPTNT	1,312	2,924	_	44,734.32	_	15.30	.060	_	34.10	_	.92
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
LEV A-INTERMEDIATE	0	0	т.	.00	7	.00	.000	-	.00	-	.00
	0	0				.00					.00
LEV B-REHAB MD	U	0		.00			.000		.00		
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ċ	.00	Ċ	.00
	0	0	Y		Ÿ			Ÿ		Y	
ICF DDH	•	•		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
	12 12	26	ċ	781.07	Ċ		.001	ċ		Ċ	.02
@REHABILITATION FACILITY	12		\$		Ş	30.04		Þ	65.09	Þ	
HOSPITAL BASED	12	26		781.07		30.04	.001		65.09		.02
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0 1,773	5,161	\$	71,682.00	\$	13.89	.106	\$	40.43	\$	1.48
	1,772	5,160		71,670.60		13.89	.106		40.45		1.48
XO AND OTHERS	1	1		11.40		11.40	.000		11.40		.00
AODCANTEED OURDARTENE OF THE	2,434		\$		Ċ			ċ	222.15	Ċ	
	2,434	4,586	Ş	540,705.00	Ş	117.90	.095	Ş		Þ	11.15
CLINIC	593 54	1,748		48,332.61		27.65	.036		81.51		1.00
SURGICENTER		268		9,677.67		36.11	.006		179.22		.20
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1.819	2,570				187.82	.053				9.96
RURAL HEALTH CLINIC	1,819	2,570	RES MO	482,694.72		187.82 FOR TAN	.053	DEC	265.36	ΡZ	9.96 AGE 9.688
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITU	RES MO					DEC	265.36	P.F	AGE 9,688
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITU E/DENTAL		482,694.72 ONTH-OF-PAYMENT RI				DEC	265.36	P <i>I</i>	
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITU E/DENTAL		482,694.72			2004 THRU		265.36 2004		AGE 9,688 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	CES AND EXPENDITUE/DENTAL VICES FOR PUBLIC	ASSI	482,694.72 ONTH-OF-PAYMENT RI	EPORT	FOR JAN	2004 THRU	ONTH	265.36 2004 HLY AVERA	GE -	AGE 9,688 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITU E/DENTAL	ASSI	482,694.72 ONTH-OF-PAYMENT RI	EPORT	FOR JAN	2004 THRU	ONTH	265.36 2004 HLY AVERA	GE -	AGE 9,688 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 48,481 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	CES AND EXPENDITUE/DENTAL VICES FOR PUBLIC	ASSIS	482,694.72 ONTH-OF-PAYMENT RI	EPORT AVEF	FOR JAN	2004 THRU	ONTH	265.36 2004 HLY AVERA	GE -	AGE 9,688 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 48,481 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	CES AND EXPENDITU E/DENTAL FICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR	ASSI:	482,694.72 ONTH-OF-PAYMENT RI STANCE - FAMILIES EXPENDITURES	EPORT AVEF PER	FOR JAN RAGE COST UNIT/DAY	2004 THRU M UNITS/DAY PER ELIG	ONTH S C	265.36 2004 HLY AVERA COST PER USER	GE - C	AGE 9,688 03/14/05 COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 48,481 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	CES AND EXPENDITU E/DENTAL FICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 10,030	ASSIS	482,694.72 ONTH-OF-PAYMENT RI STANCE - FAMILIES EXPENDITURES 117,013.96	EPORT AVEF	FOR JAN RAGE COST UNIT/DAY 11.67	2004 THRU M UNITS/DAY PER ELIG .207	ONTH S C	265.36 2004 HLY AVERA COST PER USER 70.53	GE - C	AGE 9,688 03/14/05 COST PER ELIGIBLE 2.41
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 48,481 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 10,030 359	ASSI:	482,694.72 ONTH-OF-PAYMENT RI STANCE - FAMILIES EXPENDITURES 117,013.96 10,457.41	EPORT AVEF PER	RAGE COST UNIT/DAY 11.67 29.13	2004 THRU M UNITS/DAY PER ELIG .207 .007	ONTH S C	265.36 2004 HLY AVERA COST PER USER 70.53 94.21	GE - C	AGE 9,688 03/14/05 COST PER ELIGIBLE 2.41 .22
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 48,481 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 10,030 359 0	ASSI:	482,694.72 ONTH-OF-PAYMENT RI STANCE - FAMILIES EXPENDITURES 117,013.96 10,457.41 .00	EPORT AVEF PER	RAGE COST UNIT/DAY 11.67 29.13 .00	2004 THRU M UNITS/DAY PER ELIG .207 .007 .000	ONTH S C	265.36 2004 HLY AVERA COST PER USER 70.53 94.21 .00	GE - C	AGE 9,688 03/14/05 COST PER CLIGIBLE 2.41 .22 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 48,481 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING ALD DISPENSERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,659 111 0 0	CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 10,030 359 0	ASSIS E E \$	482,694.72 ONTH-OF-PAYMENT RI STANCE - FAMILIES EXPENDITURES 117,013.96 10,457.41 .00 .00	EPORT AVEF PER	RAGE COST UNIT/DAY 11.67 29.13 .00 .00	2004 THRU M UNITS/DAY PER ELIG .207 .007 .000 .000	ONTH S C	265.36 2004 HLY AVERA COST PER USER 70.53 94.21 .00 .00	GE - C	AGE 9,688 03/14/05 COST PER ELIGIBLE 2.41 .22 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 48,481 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING ALD DISPENSERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,659 111 0 0	CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 10,030 359 0 0 2,091	ASSIS E E \$	482,694.72 DNTH-OF-PAYMENT RI STANCE - FAMILIES EXPENDITURES 117,013.96 10,457.41 .00 .00 32,604.74	EPORT AVEF PER	RAGE COST UNIT/DAY 11.67 29.13 .00 .00 15.59	2004 THRU M UNITS/DAY PER ELIG .207 .007 .000 .000 .043	ONTH S C	265.36 2004 HLY AVERA COST PER USER 70.53 94.21 .00 .00 149.56	GE - C	AGE 9,688 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 48,481 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING ALD DISPENSERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,659 111 0 0	CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 10,030 359 0	ASSIS E E \$	482,694.72 ONTH-OF-PAYMENT RI STANCE - FAMILIES EXPENDITURES 117,013.96 10,457.41 .00	EPORT AVEF PER	RAGE COST UNIT/DAY 11.67 29.13 .00 .00	2004 THRU M UNITS/DAY PER ELIG .207 .007 .000 .000	ONTH S C	265.36 2004 HLY AVERA COST PER USER 70.53 94.21 .00 .00	GE - C	AGE 9,688 03/14/05 COST PER ELIGIBLE 2.41 .22 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 48,481 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING ALD DISPENSERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,659 111 0 0	CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 10,030 359 0 0 2,091 1,526	ASSIS E E \$	482,694.72 DNTH-OF-PAYMENT RI STANCE - FAMILIES EXPENDITURES 117,013.96 10,457.41 .00 .00 32,604.74 26,203.15	EPORT AVEF PER	RAGE COST UNIT/DAY 11.67 29.13 .00 .00 15.59 17.17	2004 THRU M UNITS/DAY PER ELIG .207 .007 .000 .000 .043 .031	ONTH S C	265.36 2004 HLY AVERA COST PER USER 70.53 94.21 .00 .00 149.56 121.31	GE - C	AGE 9,688 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 48,481 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING ALD DISPENSERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,659 111 0 0	CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 10,030 359 0 2,091 1,526 559	ASSIS E E \$	482,694.72 DNTH-OF-PAYMENT RI STANCE - FAMILIES EXPENDITURES 117,013.96 10,457.41 .00 .00 32,604.74 26,203.15 971.95	AVEF PER \$	RAGE COST UNIT/DAY 11.67 29.13 .00 .00 15.59 17.17 1.74	2004 THRU M UNITS/DAY PER ELIG	ONTH S C	265.36 2004 HLY AVERA COST PER USER 70.53 94.21 .00 .00 149.56 121.31 485.98	GE - C	AGE 9,688 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 48,481 ELIGIBLES ©ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,659 111 0 0	CES AND EXPENDITUE/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 10,030 359 0 2,091 1,526 559 6	ASSIS E E \$	482,694.72 DNTH-OF-PAYMENT RI STANCE - FAMILIES EXPENDITURES 117,013.96 10,457.41 .00 .00 32,604.74 26,203.15 971.95 5,429.64	AVEF PER \$	RAGE COST UNIT/DAY 11.67 29.13 .00 .00 15.59 17.17 1.74 904.94	2004 THRU M UNITS/DAY PER ELIG	ONTH S C	265.36 2004 HLY AVERA COST PER USER 70.53 94.21 .00 .00 149.56 121.31 485.98 904.94	GE - C	AGE 9,688 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 48,481 ELIGIBLES ©ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,659 111 0 0 218 216 2 6 1	CES AND EXPENDITUE/DENTAL FICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 10,030 359 0 2,091 1,526 559 6 1	ASSIS E E \$	482,694.72 DNTH-OF-PAYMENT RI STANCE - FAMILIES EXPENDITURES 117,013.96 10,457.41 .00 .00 32,604.74 26,203.15 971.95 5,429.64 20.27	AVEF PER \$	RAGE COST UNIT/DAY 11.67 29.13 .00 .00 15.59 17.17 1.74 904.94 20.27	2004 THRU M UNITS/DAY PER ELIG .207 .007 .000 .000 .043 .031 .012 .000 .000	ONTH S C	265.36 2004 HLY AVERA COST PER USER 70.53 94.21 .00 .00 149.56 121.31 485.98 904.94 20.27	GE - C	AGE 9,688 03/14/05 COST PER ELIGIBLE 2.41 .22 .00 .00 .67 .54 .02 .11
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 48,481 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,659 111 0 218 216 2 6 1 0	CES AND EXPENDITUE/DENTAL FICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 10,030 359 0 2,091 1,526 559 6 1 0	ASSIS E E \$	482,694.72 DNTH-OF-PAYMENT RI STANCE - FAMILIES EXPENDITURES 117,013.96 10,457.41 .00 .00 32,604.74 26,203.15 971.95 5,429.64 20.27 .00	AVEF PER \$	RAGE COST UNIT/DAY 11.67 29.13 .00 .00 15.59 17.17 1.74 904.94 20.27 .00	2004 THRU M UNITS/DAY PER ELIG .207 .007 .000 .0043 .031 .012 .000 .000 .000	ONTH S C	265.36 2004 HLY AVERA COST PER USER 70.53 94.21 .00 .00 149.56 121.31 485.98 904.94 20.27 .00	GE - C	AGE 9,688 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 48,481 ELIGIBLES ©ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,659 111 0 218 216 2 6 1 0 36	CES AND EXPENDITUE/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 10,030 359 0 2,091 1,526 559 6 1 0 36	ASSIS E E \$	482,694.72 DNTH-OF-PAYMENT RI STANCE - FAMILIES EXPENDITURES 117,013.96 10,457.41 .00 .00 32,604.74 26,203.15 971.95 5,429.64 20.27	AVEF PER \$	RAGE COST UNIT/DAY 11.67 29.13 .00 .00 15.59 17.17 1.74 904.94 20.27	2004 THRU M UNITS/DAY PER ELIG .207 .007 .000 .000 .043 .031 .012 .000 .000	ONTH S C	265.36 2004 HLY AVERA COST PER USER 70.53 94.21 .00 .00 149.56 121.31 485.98 904.94 20.27	GE - C	AGE 9,688 03/14/05 COST PER ELIGIBLE 2.41 .22 .00 .00 .67 .54 .02 .11
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 48,481 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,659 111 0 218 216 2 6 1 0	CES AND EXPENDITUE/DENTAL FICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 10,030 359 0 2,091 1,526 559 6 1 0	E E S	482,694.72 DNTH-OF-PAYMENT RI STANCE - FAMILIES EXPENDITURES 117,013.96 10,457.41 .00 .00 32,604.74 26,203.15 971.95 5,429.64 20.27 .00	AVEF PER \$	RAGE COST UNIT/DAY 11.67 29.13 .00 .00 15.59 17.17 1.74 904.94 20.27 .00	2004 THRU M UNITS/DAY PER ELIG .207 .007 .000 .0043 .031 .012 .000 .000 .000	ONTE S C	265.36 2004 HLY AVERA COST PER USER 70.53 94.21 .00 .00 149.56 121.31 485.98 904.94 20.27 .00	GE - C	AGE 9,688 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 48,481 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,659 111 0 218 216 2 6 1 0 36 0	CES AND EXPENDITUE/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 10,030 359 0 2,091 1,526 559 6 1 0 36 0	E E S	482,694.72 DNTH-OF-PAYMENT RI STANCE - FAMILIES EXPENDITURES 117,013.96 10,457.41 00 00 32,604.74 26,203.15 971.95 5,429.64 20.27 00 3,780.00 00	AVEF PER \$	RAGE COST UNIT/DAY 11.67 29.13 .00 .00 15.59 17.17 1.74 904.94 20.27 .00 105.00 .00	2004 THRU M UNITS/DAY PER ELIG	ONTE S C	265.36 2004 HLY AVERA COST PER USER 70.53 94.21 .00 .00 149.56 121.31 485.98 904.94 20.27 .00 105.00 .00	GE - C	AGE 9,688 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 48,481 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,659 111 0 218 216 2 6 1 0 36 0 0	CES AND EXPENDITUE/DENTAL FICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 10,030 359 0 2,091 1,526 559 6 1 0 36 0 0	E E S	482,694.72 ONTH-OF-PAYMENT RI STANCE - FAMILIES EXPENDITURES 117,013.96 10,457.41 00 00 32,604.74 26,203.15 971.95 5,429.64 20.27 00 3,780.00 00	AVEF PER \$	RAGE COST UNIT/DAY 11.67 29.13 .00 .00 15.59 17.17 1.74 904.94 20.27 .00 105.00 .00	2004 THRU M UNITS/DAY PER ELIG	ONTE S C	265.36 2004 HLY AVERA COST PER USER 70.53 94.21 .00 .00 149.56 121.31 485.98 904.94 20.27 .00 105.00 .00	GE - C	AGE 9,688 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 48,481 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,659 111 0 0 218 216 2 6 1 0 36 0 0 407	CES AND EXPENDITUE/DENTAL FICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 10,030 359 0 2,091 1,526 559 6 1 0 36 0 0 843	E E S	482,694.72 ONTH-OF-PAYMENT RI STANCE - FAMILIES EXPENDITURES 117,013.96 10,457.41 .00 .00 32,604.74 26,203.15 971.95 5,429.64 20.27 .00 3,780.00 .00 7,553.56	AVEF PER \$	RAGE COST UNIT/DAY 11.67 29.13 .00 .00 15.59 17.17 1.74 904.94 20.27 .00 105.00 .00 .00 8.96	2004 THRU M UNITS/DAY PER ELIG	ONTE S C	265.36 2004 HLY AVERA COST PER USER 70.53 94.21 .00 .00 149.56 121.31 485.98 904.94 20.27 .00 105.00 .00 .00	GE - C	AGE 9,688 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 48,481 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,659 111 0 0 218 216 2 6 1 0 36 0 0 407 4	CES AND EXPENDITUE/DENTAL FICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 10,030 359 0 2,091 1,526 559 6 1 0 36 0 0 843 27	E E S	482,694.72 ONTH-OF-PAYMENT RI STANCE - FAMILIES EXPENDITURES 117,013.96 10,457.41 00 00 32,604.74 26,203.15 971.95 5,429.64 20.27 00 3,780.00 00 7,553.56 423.32	AVEF PER \$	RAGE COST UNIT/DAY 11.67 29.13 .00 .00 15.59 17.17 1.74 904.94 20.27 .00 105.00 .00 .00 8.96 15.68	2004 THRU M UNITS/DAY PER ELIG	ONTE S C	265.36 2004 HLY AVERA COST PER USER 70.53 94.21 .00 .00 149.56 121.31 485.98 904.94 20.27 .00 105.00 .00 .00	GE - C	AGE 9,688 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 48,481 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,659 111 0 0 218 216 2 6 1 0 36 0 0 407 4 0	CES AND EXPENDITURE/DENTAL FICES FOR PUBLICATION OR DAYS OF CAR 10,030 359 0 2,091 1,526 559 6 1 0 36 0 0 843 27 0	E E S	482,694.72 ONTH-OF-PAYMENT RI STANCE - FAMILIES EXPENDITURES 117,013.96 10,457.41 00 00 32,604.74 26,203.15 971.95 5,429.64 20.27 00 3,780.00 00 7,553.56 423.32 00	AVEF PER \$	RAGE COST UNIT/DAY 11.67 29.13 .00 .00 15.59 17.17 1.74 904.94 20.27 .00 105.00 .00 8.96 15.68 .00	2004 THRU M UNITS/DAY PER ELIG	ONTE S C	265.36 2004 HLY AVERA COST PER USER 70.53 94.21 .00 .00 149.56 121.31 485.98 904.94 20.27 .00 105.00 .00 .00 .00	GE - C	AGE 9,688 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 48,481 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,659 111 0 0 218 216 2 6 1 0 36 0 407 4 0 19	CES AND EXPENDITURE/DENTAL FICES FOR PUBLICATION OR DAYS OF CAR 10,030 359 0 2,091 1,526 559 6 1 0 36 0 0 843 27 0 24	E E S	482,694.72 DNTH-OF-PAYMENT RI STANCE - FAMILIES EXPENDITURES 117,013.96 10,457.41 .00 .00 32,604.74 26,203.15 971.95 5,429.64 20.27 .00 3,780.00 .00 7,553.56 423.32 .00 1,859.28	AVEF PER \$	RAGE COST UNIT/DAY 11.67 29.13 .00 .00 15.59 17.17 1.74 904.94 20.27 .00 105.00 .00 8.96 15.68 .00 77.47	2004 THRU M UNITS/DAY PER ELIG	ONTE S C	265.36 2004 HLY AVERA COST PER USER 70.53 94.21 .00 .00 149.56 121.31 485.98 904.94 20.27 .00 .00 .00 .00 .00 .00 .00 .0	GE - C	AGE 9,688 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 48,481 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,659 111 0 0 218 216 2 6 1 0 36 0 0 407 4 0	CES AND EXPENDITURE/DENTAL FICES FOR PUBLICATION OR DAYS OF CAR 10,030 359 0 2,091 1,526 559 6 1 0 36 0 0 843 27 0	E E S	482,694.72 ONTH-OF-PAYMENT RI STANCE - FAMILIES EXPENDITURES 117,013.96 10,457.41 00 00 32,604.74 26,203.15 971.95 5,429.64 20.27 00 3,780.00 00 7,553.56 423.32 00	AVEF PER \$	RAGE COST UNIT/DAY 11.67 29.13 .00 .00 15.59 17.17 1.74 904.94 20.27 .00 105.00 .00 8.96 15.68 .00	2004 THRU M UNITS/DAY PER ELIG	ONTE S C	265.36 2004 HLY AVERA COST PER USER 70.53 94.21 .00 .00 149.56 121.31 485.98 904.94 20.27 .00 105.00 .00 .00 .00	GE - C	AGE 9,688 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 48,481 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,659 111 0 0 218 216 2 6 1 0 36 0 407 4 0 19	CES AND EXPENDITURE/DENTAL FICES FOR PUBLICATION OR DAYS OF CAR 10,030 359 0 2,091 1,526 559 6 1 0 36 0 0 843 27 0 24	E E S	482,694.72 DNTH-OF-PAYMENT RI STANCE - FAMILIES EXPENDITURES 117,013.96 10,457.41 .00 .00 32,604.74 26,203.15 971.95 5,429.64 20.27 .00 3,780.00 .00 7,553.56 423.32 .00 1,859.28 1,859.28	AVEF PER \$	RAGE COST UNIT/DAY 11.67 29.13 .00 .00 15.59 17.17 1.74 904.94 20.27 .00 105.00 .00 8.96 15.68 .00 77.47	2004 THRU M UNITS/DAY PER ELIG	ONTE S C	265.36 2004 HLY AVERA COST PER USER 70.53 94.21 .00 .00 149.56 121.31 485.98 904.94 20.27 .00 105.00 .00 .00 18.56 105.83 .00 .97.86 97.86	GE - C	AGE 9,688 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 48,481 ELIGIBLES ©ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,659 111 0 0 218 216 2 6 1 0 36 0 407 4 0 19 19	CES AND EXPENDITURE/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 10,030 359 0 2,091 1,526 559 6 1 0 36 0 0 843 27 0 24 24	E E S	482,694.72 DNTH-OF-PAYMENT RI STANCE - FAMILIES EXPENDITURES 117,013.96 10,457.41 .00 .00 32,604.74 26,203.15 971.95 5,429.64 20.27 .00 3,780.00 .00 .7,553.56 423.32 .00 1,859.28 1,859.28	AVEF PER \$	RAGE COST UNIT/DAY 11.67 29.13 .00 .00 15.59 17.17 1.74 904.94 20.27 .00 105.00 .00 .00 8.96 15.68 .00 77.47 77.47	2004 THRU M UNITS/DAY PER ELIG	ONTE S C	265.36 2004 HLY AVERA COST PER USER 70.53 94.21 .00 .00 149.56 121.31 485.98 904.94 20.27 .00 105.00 .00 .00 105.83 .00 97.86 97.86 .00	GE - C	AGE 9,688 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 48,481 ELIGIBLES ©ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,659 111 0 218 216 2 6 1 0 36 0 0 407 4 0 19 19 19 0 7	CES AND EXPENDITURE/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 10,030 359 0 2,091 1,526 559 6 1 0 36 0 0 843 27 0 24 24 24 0 40	E E S	482,694.72 DNTH-OF-PAYMENT RI STANCE - FAMILIES EXPENDITURES 117,013.96 10,457.41 .00 .00 32,604.74 26,203.15 971.95 5,429.64 20.27 .00 3,780.00 .00 .7,553.56 423.32 .00 1,859.28 1,859.28 .00 2,345.64	AVEF PER \$	FOR JAN RAGE COST UNIT/DAY 11.67 29.13 .00 .00 .15.59 17.17 1.74 904.94 20.27 .00 105.00 .00 .00 .00 8.96 15.68 .00 77.47 77.47 .00 58.64	2004 THRU M UNITS/DAY PER ELIG	ONTE S C	265.36 2004 HLY AVERA COST PER USER 70.53 94.21 .00 .00 149.56 121.31 485.98 904.94 20.27 .00 105.00 .00 .00 18.56 105.83 .00 97.86 97.86 .00 335.09	GE - C	AGE 9,688 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 48,481 ELIGIBLES ©ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 1,659 111 0 0 218 216 2 6 1 0 36 0 407 4 0 19 19	CES AND EXPENDITURE/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 10,030 359 0 2,091 1,526 559 6 1 0 36 0 0 843 27 0 24 24	E E S	482,694.72 DNTH-OF-PAYMENT RI STANCE - FAMILIES EXPENDITURES 117,013.96 10,457.41 .00 .00 32,604.74 26,203.15 971.95 5,429.64 20.27 .00 3,780.00 .00 .7,553.56 423.32 .00 1,859.28 1,859.28	AVEF PER \$	RAGE COST UNIT/DAY 11.67 29.13 .00 .00 15.59 17.17 1.74 904.94 20.27 .00 105.00 .00 .00 8.96 15.68 .00 77.47 77.47	2004 THRU M UNITS/DAY PER ELIG	ONTE S C	265.36 2004 HLY AVERA COST PER USER 70.53 94.21 .00 .00 149.56 121.31 485.98 904.94 20.27 .00 105.00 .00 .00 105.83 .00 97.86 97.86 .00	GE - C	AGE 9,688 03/14/05

HOSPICE SERVICES	4	123	16,745.22	136.14	.003	4186.31	.35
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	786	3 , 912	34,171.30	8.73	.081	43.47	.70
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	59	2,487	3,208.58	1.29	.051	54.38	.07
@CALIF. CHILDREN SERVICES*	207	3 , 335	\$ 319,861.56	\$ 95.91	.069	\$ 1545.22	\$ 6.60
@XOVER EXCLUDING STATE HOSP**	9	12	\$ 161.78	\$ 13.48	.000	\$ 17.98	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,689
MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

PLACER COUNTI	SUMMAKI OF SEK	VICES FOR FUBLIC AS	SIS.	IANCE - IOIAL		MO	אודינ	ITV AUDDA	CE	
111,928 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				-	COST PER
III,920 ELIGIBLES	USERS	OR DAYS OF CARE		EXPENDITORES	PER UNIT/DAY		C	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	73,728	1,557,433 \$		39,250,517.06	\$ 25.20	13.915	ċ	532.37		350.68
@PHYSICIANS SERVICES	24,259	1,337,433 \$ 66,472 \$			\$ 23.20	.594		104.11		22.56
OUTPATIENT VISITS	15,391	21,277			36.51	.190	۲	50.48	ې	6.94
OFFICE VISITS	11,084	14,553			31.64	.130		41.54		4.11
	107	14,333			36.29	.001		40.02		
HOME VISITS		4,225		4,282.64	55.73			40.02		.04
EMERGENCY ROOM	3 , 521	•		235,439.69						2.10
PREVENTIVE CARE		9		441.18	49.02	.000		49.02		
OB VISITS/COMPRE PERI	255	441		29,272.98	66.38			114.80		.26
OTHER OUTPATIENT	1,695	1,931		47,053.24	24.37	.017		27.76		.42
INPATIENT VISITS	968	3,502		184,658.81	52.73	.031		190.76		1.65
HOSPITAL VISITS	824	2,969		135,546.46	45.65	.027		164.50		1.21
CRITICAL CARE	64	320		42,073.95	131.48	.003		657.41		.38
SNF/ICF/TRANS IP CARE	141	213		7,038.40	33.04	.002		49.92		.06
OPHTHALMOLOGICAL SERVICES	257	333		12,847.03	38.58	.003		49.99		.11
EXAMINATIONS	254	329		12,736.45	38.71	.003		50.14		.11
SERVICES AND MATERIALS	4	4		110.58	27.65	.000		27.65		.00
INPATIENT HOSPITAL SURGERY	553	2,947		000,013.3	114.81	.026		611.84		
PRINCIPAL SURGEON	378	534		267 , 521.28	500.98	.005		707.73		2.39
ASSISTANT SURGEON	69	65		12 , 781.55	196.64	.001		185.24		.11
ANESTHESIOLOGIST	228	2,348		58 , 047.14	24.72	.021		254.59		.52
OUTPATIENT SURGERY	1,603	3 , 391		270,431.65	79.75	.030		168.70		2.42
PRINCIPAL SURGEON	1,377	1,757		223,384.91	127.14	.016		162.23		2.00
ASSISTANT SURGEON	19	20		2,139.10	106.96	.000		112.58		.02
ANESTHESIOLOGIST	326	1,614		44,907.64	27.82	.014		137.75		.40
DIALYSIS	67	198		18,565.15	93.76	.002		277.09		.17
PATHOLOGY	1,618	2,436		35,259.99	14.47	.022		21.79		.32
RADIOLOGY	4,457	7,722		423,251.03	54.81	.069		94.96		3.78
PSYCHIATRY	168	188		6,285.58	33.43	.002		37.41		.06
IMMUNIZATION AND INJECTION	575	2,494		71,432.33	28.64	.022		124.23		.64
OTHER SERVICES/ALL X-OVERS	7,118	21,984		387,478.25	17.63	.196		54.44		3.46
@PHARMACY	52 , 501	849,373 \$		19,639,164.99		7.589	\$	374.07	\$	175.46
PRESCRIPTION DRUGS	51,813	204,183		18,215,451.30	89.21	1.824		351.56		162.74
SNF/ICF	1,514	12,164		784,605.74	64.50	.109		518.23		7.01
OUTPATIENTS	50,583	192,019		17,430,845.56	90.78	1.716		344.60		155.73
MEDICAL SUPPLIES	4,267	645,190		1,423,713.69	2.21	5.764		333.66		12.72
@DENTIST	6,273	28,252 \$		988,237.30				157.54	Ś	8.83
VISITS - DIAGNOSTIC	4,365	18,797		268,880.55	14.30	.168		61.60	т.	2.40
ORAL SURGERY	928	1,989		103,028.50	51.80	.018		111.02		.92
Oldin Dollonki	320	1,000		103,020.30	31.00	• 0 ± 0		02		• 52

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DRUGS	166	170		3,876.25		22.80	.002		23.35		.03
ANESTHESIA	14	15		1,400.00		93.33	.000		100.00		.01
PERIODONTICS	161	182		18,540.10		101.87	.002		115.16		.17
ENDODONTICS	487	835		150 , 838.55		180.64	.007		309.73		1.35
RESTORATIVE DENTISTRY	1,914	4 , 797		295,004.95		61.50	.043		154.13		2.64
PROSTHETICS	42	4 4		1,240.00		28.18	.000		29.52		.01
DENTURES, STAYPLATES	371	1,007		122,874.00		122.02	.009		331.20		1.10
SPACE MAINTAINERS	33	45		5,150.00		114.44	.000		156.06		.05
MAXILLOFACIAL SERVICES	5	6		3,612.78	(502.13	.000		722.56		.03
FRACTURES, DISLOCATIONS	1	1		700.00	,	700.00	.000		700.00		.01
ORTHODONTIC SERVICES	148	191		12,041.62		63.05	.002		81.36		.11
ALL OTHER SERVICES	176	173		1,050.00		6.07	.002		5.97		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	ES MONT	TH-OF-PAYMENT RE	EPORT 1	FOR JAN 2	2004 THRU	DEC	2004	PI	AGE 9,690
MOP024	FEE-FOR-SERVICE	:/DENTAL									03/14/05
PLACER COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC A	ASSISTA	ANCE - TOTAL							
							M	ONT	HLY AVERA	GE -	
111,928 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVER	AGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CARE			PER U	JNIT/DAY	PER ELIG		USER	F	ELIGIBLE
@OPTOMETRIST	1,968	5 , 358	\$	119,185.91	\$	22.24	.048	\$	60.56	\$	1.06
DIAGNOSTIC AND ANC. PROCED	989	1,027		43,216.77		42.08	.009		43.70		.39
EYE APPLIANCES	1,406	3,984		66,926.96		16.80	.036		47.60		.60
OTHER OPTOMETRIC SERVICES	225	347		9,042.18		26.06	.003		40.19		.08
@CHIROPRACTOR	242	410	\$	6,766.33	\$	16.50	.004	\$	27.96	\$.06
VISITS	234	400		6,633.66		16.58	.004		28.35		.06
OTHER SERVICES	8	10		132.67		13.27	.000		16.58		.00
@PODIATRIST	721	1,089	\$	18,904.69	\$	17.36	.010	\$	26.22	\$.17
MEDICINE/INJECTIONS	206	230		7,814.75		33.98	.002		37.94		.07
SURGERY/ANES.	14	18		2,537.31		140.96	.000		181.24		.02
RADIO./PATHOLOGY	7	9		157.42		17.49	.000		22.49		.00
OTHER	515	832		8,395.21		10.09	.007		16.30		.08
@HOME HEALTH AGENCY	221	6 , 228	\$	239,688.56	\$	38.49	.056	\$	1084.56	\$	2.14
NURSE ANESTHESIST	13	149	\$	521.13	\$	3.50	.001	\$	40.09	\$.00

NURSE MIDWIFE	0	0 \$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0 \$.00	\$.00	.000		
FAMILY NURSE PRACTITIONER	58	154 \$	3,711.51	\$ 24.10	.001		\$.03
@TOTAL HOSPITAL	10,631	60,590 \$	6,544,338.21	\$ 108.01	.541	\$ 615.59	\$ 58.47
HOSP INPATIENT TOTAL	978	3,468	5,179,798.28	1493.60	.031	5296.32	46.28
HSC HOSPITALS	523	2,468	3,217,138.97	1303.54	.022	6151.32	28.74
NON-HSC HOSPITAL TOTAL	206	1,000	1,691,801.93	1691.80	.009	8212.63	15.12
ACCOMMODATIONS	206	1,000	583,305.40	583.31	.009	2831.58	5.21
ADMINISTRATIVE DAYS	1	13	3,006.90	231.30	.000	3006.90	.03
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	205	987	580,298.50	587.94	.009	2830.72	5.18
ANCILLARIES	206	0	1,108,496.53	.00	.000	5381.05	9.90
INPATIENT CROSSOVERS	261	0	270,857.38	.00	.000	1037.77	2.42
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	9,978	57 , 122	1,364,539.93	23.89	.510	136.75	12.19
MEDICAL	1,434	2,219	86,645.06	39.05	.020	60.42	.77
SURGERY	848	956	35,102.58	36.72	.009	41.39	.31
PATHOLOGY	3,340	16,999	175,209.78	10.31	.152	52.46	1.57
RADIOLOGY	2,135	3,122	240,052.31	76.89	.028	112.44	2.14
ROOM USE	5,646	7,587	280,391.81	36.96	.068	49.66	2.51
CROSSOVERS/ALL OTH OUTPTNT		26,239	547,138.39	20.85	.234	116.69	4.89
@COUNTY HOSPITAL TOTAL	4,009	20,239	70,299.70	\$ 306.99		\$ 1495.74	
CO HOSPITAL INPATIENT TOTAL		88	66,129.56	751.47	.002	11021.59	.59
HSC HOSPITALS	0	8	10,816.00	1352.00	.000	5408.00	.10
	∠ 4	80		691.42	.001	13828.39	.49
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	4	80	55,313.56 18,504.00	231.30	.001	4626.00	.17
	0	0			.000		
ADMINISTRATIVE DAYS	0	0	.00	.00		.00	.00
TRANSITIONAL IP CARE	U		.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	80	18,504.00	231.30	.001	4626.00	.17
ANCILLARIES	4 0	0	36,809.56	.00	.000	9202.39	.33
INPATIENT CROSSOVERS	•		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	41	141	4,170.14	29.58	.001	101.71	.04
MEDICAL	19	29	1,018.34	35.12	.000	53.60	.01
SURGERY	1	2	59.22	29.61	.000	59.22	.00
PATHOLOGY	12	47	757.25	16.11	.000	63.10	.01
RADIOLOGY	3	4	232.11	58.03	.000	77.37	.00
ROOM USE	27	39	1,495.10	38.34	.000	55.37	.01
CROSSOVERS/ALL OTH OUTPINT		20	608.12	30.41	.000	55.28	.01
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	1 2004 THRU	DEC 2004	PAGE 9,691
MOP024	FEE-FOR-SERVICE	ICES FOR PUBLIC AS	GTGERNGE EGERT				03/14/05
PLACER COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC AS	SISTANCE - TOTAL		IV.	ONTHLY AVERA	CE
111 020 FITCIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	ATTEDACE COC		S COST PER	
111,928 ELIGIBLES	USEKS	OR DAYS OF CARE	EXPENDITORES		AY PER ELIG		COST PER ELIGIBLE
ACOMMINITAL HOCDIAL HORAL	10,587		6,474,038.51	\$ 107.26	.539		
@COMMUNITY HOSPITAL TOTAL	973						45.69
COMM HOSP INPATIENT TOTAL		3,380	5,113,668.72 3,206,322.97	1512.92	.030	5255.57	
HSC HOSPITALS	522	2,460	1,636,488.37	1303.38	.022	6142.38	28.65
NON-HSC HOSPITALS TOTAL	202 202	920 920	564,801.40	1778.79 613.91	.008	8101.43 2796.05	14.62 5.05
ACCOMMODATIONS			•				
ADMINISTRATIVE DAYS	1	13	3,006.90	231.30	.000	3006.90	.03
TRANSITIONAL IP CARE			.00 561,794.50	.00		.00	.00
ALL OTHER ACCOM	201	907	1,071,686.97	619.40	.008	2795.00	5.02
ANCILLARIES	202	0		.00	.000	5305.38	9.57
INPATIENT CROSSOVERS	261 0	0	270,857.38 .00	.00	.000	1037.77	2.42
ALL OTHER INPATIENT	U	U	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	9,939	56,981		1,360,369.79		23.87	.509		136.87		12.15
MEDICAL	1,415	2,190		85 , 626.72		39.10	.020		60.51		.77
SURGERY	847	954		35,043.36		36.73	.009		41.37		.31
PATHOLOGY	3,328	16,952		174,452.53		10.29	.151		52.42		1.56
RADIOLOGY	2,132	3,118		239,820.20		76.91	.028		112.49		2.14
ROOM USE	5,620	7,548		278,896.71		36.95	.067		49.63		2.49
CROSSOVERS/ALL OTH OUTPTNT		26,219		546,530.27		20.84	.234		116.83		4.88
@STATE HOSPITAL	0	20,219	\$.00	\$.00	.000	¢	.00	Ś	.00
MENTALLY ILL	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	953	25 , 327	\$	3,291,039.56	\$	129.94		ċ	3453.35	ċ	29.40
	3		ې		Ą			Ą		Ą	
LEV A-INTERMEDIATE	3 1	62		3,575.58		57.67	.001		1191.86		.03
LEV B-REHAB MD	-	17		2,130.44		125.32	.000		2130.44		.02
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0 0 0 25,248		.00		.00	.000		.00		.00
LEV B-REGULAR	949	25 , 248		3,285,333.54		130.12	.226		3461.89		29.35
@INTERMEDIATE CARE FACILDD	0 949 180	5,471	\$	1,070,808.96	\$	195.72		\$	5948.94	\$	9.57
ICF DDH	53	1 , 597		270,419.06		169.33	.014		5102.25		2.42
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	127	3,874		800,389.90		206.61	.035		6302.28		7.15
@HEMODIALYSIS TOTAL	308 0 308	6,321	\$	331,273.01	\$	52.41	.056	\$	1075.56	\$	2.96
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	308	6,321		331,273.01		52.41	.056		1075.56		2.96
@REHABILITATION FACILITY	62	314	\$	7,190.37	\$			\$	115.97	\$.06
		160	·	4,914.03		30.71	.001	·	104.55		.04
INDEPENDENT FACILITY	15 4,189	154		2,276.34		14.78	.001		151.76		.02
@LABORATORY FACILITY	4,189	14,858	\$	183,749.21	\$	12.37	.133	Ś		Ś	1.64
PATHOLOGY	4,142	14,720	Y	182,976.26		12.43	.132	۲	44.18	Ψ.	1.63
XO AND OTHERS	47	138		772.95		5.60	.001		16.45		.01
@ORGANIZED OUTPATIENT CLINIC	7,642	13,239	\$	1,715,503.01	Ċ	129.58	.118	ċ	224.48	Ċ	15.33
CLINIC CLINIC	904	2,437	۲	67,669.51	Ą	27.77	.022	ې	74.86	ې	.60
	200	2,437 774		39,771.51		51.38	.022		198.86		.36
SURGICENTER	200 6	774 81					.007				
HEROIN DETOX CLINIC				1,003.18		12.38	.001		167.20		.01
RURAL HEALTH CLINIC	6,593	9,947		1,607,058.81		161.56	.089	550	243.75	_	14.36
#CALIF DEPT OF HEALTH SERV			RES M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2004 THRU	DEC	2004	Ρ.	AGE 9,692
MOP024	FEE-FOR-SERVICE										03/14/05
PLACER COUNTY	SUMMARY OF SERV	VICES FOR PUBLIC	ASSI	STANCE - TOTAL							
									HLY AVERA		
111,928 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		RAGE COST					COST PER
		OR DAYS OF CAR				. UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	9,793	473 , 828	\$	2,564,945.20	\$	5.41	4.233	\$		\$	22.92
DURABLE MED. EQUIP.	726	2 , 739		325,882.44		118.98	.024		448.87		2.91
BLOOD BANK	726 0 50 1,510 864	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	50	59		15,325.94		259.76	.001		306.52		.14
MEDICAL TRANSPORTATION	1,510	71,871		329,112.42		4.58	.642		217.96		2.94
AMBULANCES/AIR TRANS	864	6,738		124,349.92		18.46	.060		143.92		1.11
OTHER TRANS	638	64,833		187,789.84		2.90	.579		294.34		1.68
OTHER SERVICES	66	300		16,972.66		56.58	.003		257.16		.15
A CUDUNCHUDE	2.4	7.4		1 205 40		17 27	001		52 F6		0.1

24

42

22

10

826

234

1,489

74

42

357

69

12,835

5,220

3,245

17.37

69.48

39.28

5.20

10.59

14.23

105.00

1,285.40

4,410.00

1,854.79

981.67

34,378.03

891,794.23

205,062.56

53.56

1079.65

105.00

876.34

84.31

23.09

98.17

.001

.115

.000

.047

.003

.029

.001

.01

.04

.02

.31

7.97

1.83

ACUPUNCTURE

OPTICIAN

ADULT DAY HEALTH CARE CTR

IHMC, MODEL-NF, NF, AIDS, MSSP

GENETIC DISEASE TESTING

OCCUPATIONAL THERAPIST

PHYSICAL THERAPIST

77	136		1,114.82		8.20	.001		14.48		.01
102	242		32 , 166.17		132.92	.002		315.35		.29
102	242		32,166.17		132.92	.002		315.35		.29
0	0		.00		.00	.000		.00		.00
29	74		3,095.37		41.83	.001		106.74		.03
1,030	4,276		185,481.58		43.38	.038		180.08		1.66
47	1,204		149,748.63		124.38	.011		3186.14		1.34
0	0		.00		.00	.000		.00		.00
1,674	47 , 579		201,764.76		4.24	.425		120.53		1.80
8	683		20,087.03		29.41	.006		2510.88		.18
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
2,653	323,123		161,399.36		.50	2.887		60.84		1.44
895	37 , 405	\$	1,964,359.65	\$	52.52	.334	\$	2194.82	\$	17.55
8 , 377	76,004	\$	1,159,591.47	\$	15.26	.679	\$	138.43	\$	10.36
	102 0 29 1,030 47 0 1,674 8 0 0 2,653 895	102 242 102 242 0 0 29 74 1,030 4,276 47 1,204 0 0 1,674 47,579 8 683 0 0 0 0 2,653 323,123 895 37,405	102 242 102 242 0 0 0 29 74 1,030 4,276 47 1,204 0 0 1,674 47,579 8 683 0 0 0 0 2,653 323,123 895 37,405 \$	102 242 32,166.17 102 242 32,166.17 0 0 .00 29 74 3,095.37 1,030 4,276 185,481.58 47 1,204 149,748.63 0 0 .00 1,674 47,579 201,764.76 8 683 20,087.03 0 0 .00 0 0 .00 2,653 323,123 161,399.36 895 37,405 \$ 1,964,359.65	102 242 32,166.17 102 242 32,166.17 0 0 .00 29 74 3,095.37 1,030 4,276 185,481.58 47 1,204 149,748.63 0 .00 1,674 47,579 201,764.76 8 683 20,087.03 0 .00 0 0 .00 2,653 323,123 161,399.36 895 37,405 \$ 1,964,359.65 \$	102 242 32,166.17 132.92 102 242 32,166.17 132.92 0 0 .00 .00 29 74 3,095.37 41.83 1,030 4,276 185,481.58 43.38 47 1,204 149,748.63 124.38 0 0 .00 .00 1,674 47,579 201,764.76 4.24 8 683 20,087.03 29.41 0 0 .00 .00 0 0 .00 .00 2,653 323,123 161,399.36 .50 895 37,405 \$ 1,964,359.65 \$ 52.52	102 242 32,166.17 132.92 .002 102 242 32,166.17 132.92 .002 0 0 .00 .00 .000 29 74 3,095.37 41.83 .001 1,030 4,276 185,481.58 43.38 .038 47 1,204 149,748.63 124.38 .011 0 0 .00 .00 .000 1,674 47,579 201,764.76 4.24 .425 8 683 20,087.03 29.41 .006 0 0 .00 .00 .000 0 0 .00 .00 .000 2,653 323,123 161,399.36 .50 2.887 895 37,405 \$ 1,964,359.65 \$ 52.52 .334	102 242 32,166.17 132.92 .002 102 242 32,166.17 132.92 .002 0 0 .00 .00 .000 29 74 3,095.37 41.83 .001 1,030 4,276 185,481.58 43.38 .038 47 1,204 149,748.63 124.38 .011 0 0 .00 .00 .000 1,674 47,579 201,764.76 4.24 .425 8 683 20,087.03 29.41 .006 0 0 .00 .00 .000 0 0 .00 .00 .000 2,653 323,123 161,399.36 .50 2.887 895 37,405 \$ 1,964,359.65 \$ 52.52 .334 \$	102 242 32,166.17 132.92 .002 315.35 102 242 32,166.17 132.92 .002 315.35 0 0 .00 .00 .000 .00 29 74 3,095.37 41.83 .001 106.74 1,030 4,276 185,481.58 43.38 .038 180.08 47 1,204 149,748.63 124.38 .011 3186.14 0 0 .00 .00 .00 .00 1,674 47,579 201,764.76 4.24 .425 120.53 8 683 20,087.03 29.41 .006 2510.88 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 2,653 323,123 161,399.36 .50 2.887 60.84 895 37,405 \$ 1,964,359.65 \$ 52.52 .334 \$ 2194.82	102 242 32,166.17 132.92 .002 315.35 102 242 32,166.17 132.92 .002 315.35 0 0 .00 .00 .000 .00 29 74 3,095.37 41.83 .001 106.74 1,030 4,276 185,481.58 43.38 .038 180.08 47 1,204 149,748.63 124.38 .011 3186.14 0 0 .00 .00 .000 .00 1,674 47,579 201,764.76 4.24 .425 120.53 8 683 20,087.03 29.41 .006 2510.88 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 2,653 323,123 161,399.36 .50 2.887 60.84 895 37,405 1,964,359.65 52.52 .334 \$ 2194.82 \$

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,693
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
PLACER COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

						M	TNC	HLY AVERA	GΕ	
6,961 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	5,070	89 , 277 \$	2,352,998.14	\$	26.36	12.825	\$	464.10	\$	338.03
@PHYSICIANS SERVICES	877	2,463 \$	97,391.35	\$	39.54	.354	\$	111.05	\$	13.99
OUTPATIENT VISITS	321	422	15,476.52					48.21		2.22
OFFICE VISITS	270	347	11,676.30		33.65	.050		43.25		1.68
HOME VISITS	0	0	.00		.00			.00		.00
EMERGENCY ROOM	30	36	2,800.31		77.79	.005		93.34		.40
PREVENTIVE CARE	0	0	.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0	.00		.00	.000		.00		.00
OTHER OUTPATIENT	36	39	999.91		25.64	.006		27.78		.14
INPATIENT VISITS	36	101	4,512.20		44.68	.015		125.34		.65
HOSPITAL VISITS	29	89	3,869.00		43.47	.013		133.41		.56
CRITICAL CARE	1	2	243.20		121.60	.000		243.20		.03
SNF/ICF/TRANS IP CARE	7	10	400.00		40.00	.001		57.14		.06
OPHTHALMOLOGICAL SERVICES	48	69	2,711.82		39.30	.010		56.50		.39
EXAMINATIONS	46	65	2,593.30		39.90	.009		56.38		.37
SERVICES AND MATERIALS	4	4	118.52		29.63	.001		29.63		.02
INPATIENT HOSPITAL SURGERY	13	48	5,634.89		117.39	.007		433.45		.81
PRINCIPAL SURGEON	10	11	4,629.09		420.83	.002		462.91		.67
ASSISTANT SURGEON	1	1	110.57		110.57	.000		110.57		.02
ANESTHESIOLOGIST	3	36	895.23		24.87	.005		298.41		.13
OUTPATIENT SURGERY	53	101	17,302.19		171.31	.015		326.46		2.49
PRINCIPAL SURGEON	46	57	15,963.14		280.06	.008		347.02		2.29
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	10	44	1,339.05		30.43	.006		133.91		.19
DIALYSIS	14	37	5,617.02		151.81	.005		401.22		.81
PATHOLOGY	29	40	803.72		20.09	.006		27.71		.12
RADIOLOGY	158	354	19,741.84		55.77	.051		124.95		2.84
PSYCHIATRY	4	5	164.90		32.98	.001		41.23		.02
IMMUNIZATION AND INJECTION	24	79	448.21		5.67	.011		18.68		.06
OTHER SERVICES/ALL X-OVERS	488	1,207	24,978.04		20.69	.173		51.18		3.59
@PHARMACY	4,321	58 , 126 \$	1,071,227.49	\$	18.43	8.350	\$	247.91	\$	153.89
PRESCRIPTION DRUGS	4,231	17,050	1,049,456.75		61.55	2.449		248.04		150.76

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	155	945		47,353.39		50.11	.136	305.51	6	.80
OUTPATIENTS	4,091	16,105		1,002,103.36		62.22	2.314	244.95	143	.96
MEDICAL SUPPLIES	293	41,076		21,770.74		.53	5.901	74.30	3	.13
@DENTIST	305	1,159	\$	51,896.26	\$	44.78	.166	\$ 170.15	\$ 7	.46
VISITS - DIAGNOSTIC	198	744		9,492.26		12.76	.107	47.94	1	.36
ORAL SURGERY	51	161		7,382.00		45.85	.023	144.75	1	.06
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	9	9		837.00		93.00	.001	93.00		.12
ENDODONTICS	13	14		2,585.00		184.64	.002	198.85		.37
RESTORATIVE DENTISTRY	48	91		7,109.00		78.12	.013	148.10	1	.02
PROSTHETICS	3	4		90.00		22.50	.001	30.00		.01
DENTURES, STAYPLATES	53	135		24,401.00		180.75	.019	460.40	3	.51
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	11	1		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITU	RES MO	ONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2004 THRU	DEC 2004	PAGE	9,694
MOP024	FEE-FOR-SERVICE/DENT	'AL							03/	14/05
PLACER COUNTY	SUMMARY OF SERVICES	FOR MN - NO	o soc	- AGED AID	CODE	14 1H 1U	1X			
							M	ONTHLY AVERA	GE	

							MC	TNC	HLY AVERA	GΕ	
6,961 ELIGIBLES	USERS	UNITS OF SERVICE	}	EXPENDITURES			UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE	}		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	109	297	\$	7,152.38	\$	24.08	.043	\$	65.62	\$	1.03
DIAGNOSTIC AND ANC. PROCED	39	41		1,774.73		43.29	.006		45.51		.25
EYE APPLIANCES	77	222		4,107.67		18.50	.032		53.35		.59
OTHER OPTOMETRIC SERVICES	24	34		1,269.98		37.35	.005		52.92		.18
@CHIROPRACTOR	1	2	\$	33.44	\$	16.72	.000	\$	33.44	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	1	2		33.44		16.72	.000		33.44		.00
@PODIATRIST	32	43	\$	322.63	\$	7.50	.006	\$	10.08	\$.05
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	32	43		322.63		7.50	.006		10.08		.05
@HOME HEALTH AGENCY	10	72	\$	5,116.38	\$	71.06	.010	\$	511.64	\$.74
NURSE ANESTHESIST	2	9	\$	99.56	\$	11.06	.001	\$	49.78	\$.01
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	4	\$		\$	18.41	.001	\$	36.81	\$.01
@TOTAL HOSPITAL	375	3 , 393	\$	205,456.17	\$	60.55	.487	\$	547.88	\$	29.52
HOSP INPATIENT TOTAL	54	93		143,230.99		1540.12	.013		2652.43		20.58
HSC HOSPITALS	15	65		73,620.99		1132.63	.009		4908.07		10.58
NON-HSC HOSPITAL TOTAL	6	28		44,332.84		1583.32	.004		7388.81		6.37
ACCOMMODATIONS	6	28		18 , 667.70		666.70	.004		3111.28		2.68
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	6	28		18 , 667.70		666.70	.004		3111.28		2.68
ANCILLARIES	6	0		25 , 665.14		.00	.000		4277.52		3.69
INPATIENT CROSSOVERS	34	0		25 , 277.16		.00	.000		743.45		3.63
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	335	3,300		62 , 225.18		18.86	.474		185.75		8.94
MEDICAL	43	83		4,103.04		49.43	.012		95.42		.59
SURGERY	13	17		1,459.93		85.88	.002		112.30		.21
PATHOLOGY	98	643		4,651.60		7.23	.092		47.47		.67

RADIOLOGY	49	159		14,279.63	89.81	.023	291.42		2.05
ROOM USE	93	135		5,074.33	37.59	.019	54.56		.73
CROSSOVERS/ALL OTH OUTPINT	200	2,263		32,656.65	14.43	.325	163.28		4.69
@COUNTY HOSPITAL TOTAL	1	2	\$	51.77	\$ 25.89	.000	\$ 51.77	\$.01
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	1	2		51.77	25.89	.000	51.77		.01
MEDICAL	1	1		14.89	14.89	.000	14.89		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	1	1		36.88	36.88	.000	36.88		.01
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITUR	ES MON	NTH-OF-PAYMENT R	EPORT FOR JAN	I 2004 THRU I	DEC 2004	PA	GE 9,695
MOP024	FEE-FOR-SERVICE/I	DENTAL							03/14/05
PLACER COUNTY	SUMMARY OF SERVI	CES FOR MN - NO	SOC -	- AGED AID	CODE 14 1H 1	U 1X			
						MC	ONTHLY AVERA	.GE -	
6,961 ELIGIBLES	USERS (JNITS OF SERVICE		EXPENDITURES	AVERAGE COS	ST UNITS/DAYS	S COST PER	C	OST PER
		OR DAYS OF CARE			PER UNIT/DA	AY PER ELIG	USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	374	3,391	\$	205,404.40	\$ 60.57	.487	\$ 549.21	\$	29.51
COMM HOSP INPATIENT TOTAL	54	93		143,230.99	1540.12	.013	2652.43		20.58
HSC HOSPITALS	15	65		73 , 620.99	1132.63	.009	4908.07		10.58
NON-HSC HOSPITALS TOTAL	6	28		44,332.84	1583.32	.004	7388.81		6.37
ACCOMMODATIONS	6	28		18,667.70	666.70	.004	3111.28		2.68

ADMINITORDARIUE DAVO	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	-									
ALL OTHER ACCOM	6	28		18,667.70		666.70	.004		3111.28		2.68
ANCILLARIES	6	0		25,665.14		.00	.000		4277.52		3.69
INPATIENT CROSSOVERS	34	0		25 , 277.16		.00	.000		743.45		3.63
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	334	3,298		62,173.41		18.85	.474		186.15		8.93
MEDICAL	42	. 82		4,088.15		49.86	.012		97.34		.59
SURGERY	13	17		1,459.93		85.88	.002		112.30		.21
PATHOLOGY	98	643		4,651.60		7.23	.092		47.47		.67
RADIOLOGY	49	159		14,279.63		89.81	.023		291.42		2.05
	92	134				37.59	.019		54.75		.72
ROOM USE	200			5,037.45							
CROSSOVERS/ALL OTH OUTPTNT		2,263	_	32,656.65	_	14.43	.325	_	163.28	_	4.69
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	181	4,854	\$	621,122.37	\$	127.96	.697	\$	3431.62	\$	89.23
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		7,916.40		.00	.000		.00		1.14
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	181	4,854		613,205.97		126.33	.697		3387.88		88.09
	181		ć		Ś			Ċ		<u>~</u>	
@INTERMEDIATE CARE FACILDD	U	0	\$.00	Ş	.00	.000	Ş	.00	Ş	.00
ICF DDH	U	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	50	1,109	\$	74,441.34	\$	67.12	.159	\$	1488.83	\$	10.69
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	50	1,109		74,441.34		67.12	.159		1488.83		10.69
@REHABILITATION FACILITY	3	9	\$	247.92	\$	27.55	.001		82.64	Ś	.04
@REHABILITATION FACILITY HOSPITAL BASED	3	9		247.92		27.55	.001		82.64		.04
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	106	541	Ś	6,183.60	\$	11.43	.078	Ċ	58.34	Ċ	.89
	104	535	۲		ې			۲		Ą	.88
PATHOLOGY				6,152.85		11.50	.077		59.16		
XO AND OTHERS	2	6		30.75		5.13	.001		15.38		.00
@ORGANIZED OUTPATIENT CLINIC	209	366	\$	40,879.55	\$	111.69	.053	Ş	195.60	Ş	5.87
CLINIC	7	17		1,014.52		59.68	.002		144.93		.15
SURGICENTER	22	105		6,818.41		64.94	.015		309.93		.98
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	182	244		33,046.62		135.44	.035		181.57		4.75
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	JRES M	ONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2004 THRU	DEC	2004	P	AGE 9,696
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
PLACER COUNTY	SUMMARY OF SERV	TCES FOR MN - N	IO SOC	- AGED AID	CODE	: 14 1H 1U	1 X				
12110211 0001111	001111111111111111111111111111111111111	1020 1011 1111 1		11022	0022		Mo	ОМТЕ	HLY AVERA	GE -	
6,961 ELIGIBLES	USERS	UNITS OF SERVICE	T.	EXPENDITURES	Δ1/F	RAGE COST			COST PER		COST PER
0,301 111011110	ODERO	OR DAYS OF CAF				R UNIT/DAY			USER		ELIGIBLE
GALL OWIED DROWINEDG	F 2 6			171 254 00							
@ALL OTHER PROVIDERS	536	16,830	\$	171,354.08	\$	10.18	2.418	Þ	319.69	Þ	24.62
DURABLE MED. EQUIP.	18	28		2,649.75		94.63	.004		147.21		.38
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	5	5		1,909.59		381.92	.001		381.92		.27
MEDICAL TRANSPORTATION	112	7 , 758		31,795.89		4.10	1.114		283.89		4.57
AMBULANCES/AIR TRANS	18	97		2,240.03		23.09	.014		124.45		.32
OTHER TRANS	95	7,646		29,530.01		3.86	1.098		310.84		4.24
OTHER SERVICES	2	15		25.85		1.72	.002		12.93		.00
ACUPUNCTURE	14	50		875.86		17.52	.007		62.56		.13
	- 1	3 0		2 / 2 . 0 0		- · •	• • • •		02.00		• = 0

GENETIC DISEASE TESTING 0 0 .00 .00 .00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP 19 116 8, 277.04 71.35 .017 435	63 1.19
OCCUPATIONAL THERAPIST 0 0 .00 .00 .00	.00
OPTICIAN 88 196 2,175.08 11.10 .028 24	72 .31
PHYSICAL THERAPIST 0 0 .00 .00 .00	.00
PORTABLE X-RAY 4 8 9.68 1.21 .001 2	42 .00
PROSTHETIST/ORTHOTISTS 2 7 69.32 9.90 .001 34	.01
PROSTHETICS 2 7 69.32 9.90 .001 34	.01
ORTHOTICS 0 0 .00 .00 .00	.00
PSYCHOLOGIST 1 1 .33 .33 .000	.00
SPEECH AND AUDIOLOGY 12 21 4,164.98 198.33 .003 347	08 .60
HOSPICE SERVICES 2 28 3,474.12 124.08 .004 1737	06 .50
NONINST BIRTHING CENTERS 0 0 .00 .00 .00	.00
LOCAL EDUCATION AGENCIES 0 0 .00 .00 .00	.00
EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .00	.00
RESPIRATORY CARE PRACT. 0 0 .00 .00 .00	.00
PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00	.00
ALL OTHER PROVIDERS 182 7,045 7,372.68 1.05 1.012 40	51 1.06
@CALIF. CHILDREN SERVICES* 0 0 \$.00 \$.00 \$	00 \$.00
@XOVER EXCLUDING STATE HOSP** 722 4,349 \$ 112,489.98 \$ 25.87 .625 \$ 155	80 \$ 16.16

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,697
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24	

					MON	ITHLY AVERAC	GE
02 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2	2 \$	56.05	\$ 28.03	1.000 \$	28.03	\$ 28.03
@PHYSICIANS SERVICES	2	2 \$	56.05	\$ 28.03	1.000 \$	28.03	\$ 28.03
OUTPATIENT VISITS	1	1	49.20	49.20	.500	49.20	24.60
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	1	1	49.20	49.20	.500	49.20	24.60
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	1	6.85	6.85	.500	6.85	3.43
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	1	6.85	6.85	.500	6.85	3.43
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUR	ES MONTH-OF-F	PAYMENT REP	ORT FOR JAN	2004 THRU	DEC 2004	PAGE 9,698
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR	MN - NO	SOC - BLIND		AID CODE	24		

I BIIOBIC COOKII	DOINTING OF DELIC	VIOLO IOIN IIIV INO	DHIND		TITD CODE					
						MC	NTI	HLY AVERA	GΕ	
02 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3 (COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000	.00		.00
MEDICAL	0	0	.00		.00	.000	.00		.00
SURGERY	0	0	.00		.00	.000	.00		.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
RADIOLOGY	0	0	.00		.00	.000	.00		.00
ROOM USE	0	0	.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	•	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00		.00
ANCILLARIES	0	0	.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000	.00		.00
MEDICAL	0	0	.00		.00	.000	.00		.00
SURGERY	0	0	.00		.00	.000	.00		.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
RADIOLOGY	0	0	.00		.00	.000	.00		.00
ROOM USE	0	0	.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES						PAGE	
"OTTELL BELL OF HEHEETH BEIN									
MOP024	FEE-FOR-SERVICE	/DENTAL						03.	/14/05
MOP024 PLACER COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	[/] DENTAL ICES FOR MN - NO S	SOC - BLIND	AII	CODE 24			03,	/14/05
			SOC - BLIND			MO	NTHLY AVERA	GE	
		ICES FOR MN - NO S UNITS OF SERVICE	OC - BLIND EXPENDITURES	AVERAGI	 E COST UN	MO ITS/DAYS	COST PER	GE COST	PER
PLACER COUNTY 02 ELIGIBLES	SUMMARY OF SERV USERS	ICES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGI PER UNI	 E COST UNI ET/DAY PI	MO ITS/DAYS ER ELIG	COST PER USER	GE COST ELIG	PER IBLE
PLACER COUNTY 02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERV USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00	AVERAGI PER UNI \$	COST UNITION PI	MO ITS/DAYS ER ELIG .000	COST PER USER \$.00	GE COST ELIG	PER IBLE
PLACER COUNTY 02 ELIGIBLES 0COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERV USERS	ICES FOR MN - NO S UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES .00	AVERAGI PER UNI \$	COST UNIT/DAY PI	MO ITS/DAYS ER ELIG .000	COST PER USER \$.00 .00	GE COST ELIG	PER IBLE .00
PLACER COUNTY 02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERV USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00	AVERAGI PER UNI \$	COST UNIT/DAY PI .00 .00 .00	MO ITS/DAYS ER ELIG .000 .000	COST PER USER \$.00 .00 .00	GE COST ELIG	PER IBLE
PLACER COUNTY 02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERV USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00 .00	AVERAGI PER UNI \$		MO ITS/DAYS ER ELIG .000 .000 .000	COST PER USER \$.00 .00 .00	GE COST ELIG	PER IBLE .00 .00
PLACER COUNTY 02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERV USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES	AVERAGI PER UNI \$		MO ITS/DAYS ER ELIG .000 .000	COST PER USER \$.00 .00 .00 .00	GE COST ELIG	PER IBLE .00 .00
PLACER COUNTY 02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERV USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00 .00 .00 .00	AVERAGI PER UNI \$		MO ITS/DAYS ER ELIG .000 .000 .000 .000 .000	COST PER USER \$.00 .00 .00 .00 .00	GE COST ELIG	PER IBLE .00 .00 .00 .00
PLACER COUNTY 02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERV USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00 .00 .00 .00 .00	AVERAGI PER UNI \$		MO ITS/DAYS ER ELIG .000 .000 .000 .000 .000 .000	COST PER USER \$.00 .00 .00 .00 .00 .00	GE COST ELIG	PER IBLE .00 .00 .00 .00 .00
PLACER COUNTY 02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERV USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AVERAGI PER UNI \$		MO ITS/DAYS ER ELIG .000 .000 .000 .000 .000 .000 .000	COST PER USER \$.00 .00 .00 .00 .00 .00	GE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
PLACER COUNTY 02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERV USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGI PER UNI \$		MO ITS/DAYS ER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
PLACER COUNTY 02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERV USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES . 00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGI PER UNI \$		MO ITS/DAYS ER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
PLACER COUNTY 02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERV USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGI PER UNI \$	COST UNIT/DAY PI .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MO ITS/DAYS ER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
PLACER COUNTY 02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	SUMMARY OF SERV USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES . 00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGI PER UNI \$	COST UNIT/DAY PRODUCT OF COST UNIT/DAY PRODUCT OF COST UNIT/DAY PRODUCT OF COST OF COS	MO ITS/DAYS ER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
PLACER COUNTY 02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	SUMMARY OF SERV USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES . 00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGI PER UNI \$	COST UNIT/DAY PRO	MO ITS/DAYS ER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
PLACER COUNTY 02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES . 00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGI PER UNI \$	COST UNIT/DAY PRO	MO ITS/DAYS ER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
PLACER COUNTY 02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES . 00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGI PER UNI \$	COST UNIT/DAY PI .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MO ITS/DAYS ER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
PLACER COUNTY 02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES . 00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGI PER UNI \$	COST UNIT/DAY PI .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MO ITS/DAYS ER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
PLACER COUNTY 02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES . 00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGI PER UNI \$	COST UNIT/DAY PI .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MO ITS/DAYS ER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
PLACER COUNTY 02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O	EXPENDITURES . 00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGI PER UNI \$	COST UNIT/DAY PI .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MO ITS/DAYS ER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
PLACER COUNTY 02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O	EXPENDITURES	AVERAGI PER UNI \$		MO ITS/DAYS ER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
PLACER COUNTY 02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O	EXPENDITURES	AVERAGI PER UNI \$		MO ITS/DAYS ER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
PLACER COUNTY 02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES	AVERAGI PER UNI \$		MO ITS/DAYS ER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST ELIG:	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
PLACER COUNTY 02 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O	EXPENDITURES	AVERAGI PER UNI \$		MO ITS/DAYS ER ELIG .000 .000 .000 .000 .000 .000 .000 .0	COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST ELIG	PER IBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		RES MO	ONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2004 THRU	DEC	2004	PAC	,
MOP024	FEE-FOR-SERVICE/DE										03/14/05
PLACER COUNTY	SUMMARY OF SERVICE	CS FOR MN - NO	SOC	- BLIND		AID CODE					
							M				
02 ELIGIBLES		IITS OF SERVICE		EXPENDITURES			UNITS/DAY	S (COST PER		OST PER
_	-	OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		LIGIBLE
@ALL OTHER PROVIDERS	0	0	Ş	.00	Ş	.00	.000	Ş	.00	\$.00
DURABLE MED. EQUIP.	U	0		.00		.00	.000		.00		.00
BLOOD BANK	U	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00
A+ MOMATO TAL BURGE TIMES ADE CIVEN	YO Y ODDADADD .	TATECODATA DE TANCACATA	_				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,701
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
PLACER COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

					MON	THLY AVERA	GE
6,443 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	5 , 622	145,155 \$	4,797,627.74	\$ 33.05	22.529 \$	853.37	\$ 744.63
@PHYSICIANS SERVICES	1,472	5 , 517 \$	250,570.74	\$ 45.42	.856 \$	170.22	\$ 38.89
OUTPATIENT VISITS	636	945	35 , 224.91	37.28	.147	55.39	5.47
OFFICE VISITS	463	654	19,926.33	30.47	.102	43.04	3.09
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	140	187	12,685.79	67.84	.029	90.61	1.97
PREVENTIVE CARE	1	1	43.85	43.85	.000	43.85	.01
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	90	103	2,568.94	24.94	.016	28.54	.40
INPATIENT VISITS	131	714	28,172.90	39.46	.111	215.06	4.37
HOSPITAL VISITS	118	663	23,751.12	35.82	.103	201.28	3.69
CRITICAL CARE	7	35	3,772.08	107.77	.005	538.87	.59
SNF/ICF/TRANS IP CARE	13	16	649.70	40.61	.002	49.98	.10
OPHTHALMOLOGICAL SERVICES	19	24	999.61	41.65	.004	52.61	.16
EXAMINATIONS	19	24	999.61	41.65	.004	52.61	.16
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	72	446	35,842.95	80.37	.069	497.82	5.56
PRINCIPAL SURGEON	56	89	27 , 320.06	306.97	.014	487.86	4.24
ASSISTANT SURGEON	3	3	846.03	282.01	.000	282.01	.13
ANESTHESIOLOGIST	27	354	7,676.86	21.69	.055	284.33	1.19

OUTPATIENT SURGERY	97	222		27,764.52		125.07	.034	286.23		4.31
PRINCIPAL SURGEON	86	126		24,876.99		197.44	.020	289.27		3.86
ASSISTANT SURGEON	2	2		293.74		146.87	.000	146.87		.05
ANESTHESIOLOGIST	18	94		2,593.79		27.59	.015	144.10		.40
DIALYSIS	19	106		7,484.10		70.60	.016	393.90		1.16
PATHOLOGY	66	152		3,107.91		20.45	.024	47.09		.48
				•						
RADIOLOGY	310	730		62,277.10		85.31	.113	200.89		9.67
PSYCHIATRY	1	1		32.98		32.98	.000	32.98		.01
IMMUNIZATION AND INJECTION	39	162		6,335.80		39.11	.025	162.46		.98
OTHER SERVICES/ALL X-OVERS	761	2,015		43 , 327.96		21.50	.313	56.94		6.72
@PHARMACY	4,415	45 , 165	\$	2,134,571.74	\$	47.26	7.010		\$	331.30
PRESCRIPTION DRUGS	4,357	20,777		2,098,440.46		101.00	3.225	481.63		325.69
SNF/ICF	97	1,353		90,867.93		67.16	.210	936.78		14.10
OUTPATIENTS	4,278	19,424		2,007,572.53		103.36	3.015	469.28		311.59
MEDICAL SUPPLIES	321	24,388		36,131.28		1.48	3.785	112.56		5.61
@DENTIST	348	1,436	Ś	60,003.25	\$	41.78	.223		Ś	9.31
	238	899	Ψ	12,506.05	Υ	13.91	.140	52.55	۲	1.94
	67	184		8,917.00		48.46	.029	133.09		1.38
ORAL SURGERY	3			•						
DRUGS		3		50.00		16.67	.000	16.67		.01
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	13	14		1,534.00		109.57	.002	118.00		.24
ENDODONTICS	29	40		8 , 589.00		214.73	.006	296.17		1.33
RESTORATIVE DENTISTRY	95	213		13,638.20		64.03	.033	143.56		2.12
PROSTHETICS	6	6		180.00		30.00	.001	30.00		.03
DENTURES, STAYPLATES	41	71		14,469.00		203.79	.011	352.90		2.25
SPACE MAINTAINERS	1	1		120.00		120.00	.000	120.00		.02
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
	6	5		.00		.00				.00
ALL OTHER SERVICES			- a				.001	.00	_	
#CALIF DEPT OF HEALTH SERV			ES M	MONTH-OF-PAYMENT RE	EPOR'.	I FOR JAN .	2004 THRU DI	EC 2004	Ρ	AGE 9,702
MOP024	FEE-FOR-SERVICE									03/14/05
PLACER COUNTY	SUMMARY OF SERV	ICES FOR MN - NO	SOC	C - DISABLED 64 6	6G 6I	H 6U 6V 6X				
							MOI		AGE	
6,443 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS			COST PER
		OR DAYS OF CARE			PEI	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	105	286	\$	5,820.38	\$	20.35	.044	\$ 55.43	\$.90
DIAGNOSTIC AND ANC. PROCED	31	32		1,430.57		44.71	.005	46.15		.22
EYE APPLIANCES	84	237		3,840.50		16.20	.037	45.72		.60
OTHER OPTOMETRIC SERVICES	10	17		549.31		32.31	.003	54.93		.09
@CHIROPRACTOR	6	12	Ś	200.64	\$	16.72	.002		Ś	.03
VISITS	6	12	Ψ	200.61	Υ	16.72	.002	33.44	۲	.03
OTHER SERVICES	0	0		.00		.00	.002	.00		.00
	•		ċ		Ċ				Ċ	
@PODIATRIST	29	98	\$	1,115.15	\$	11.38	.015		Þ	.17
MEDICINE/INJECTIONS	4	5		153.20		30.64	.001	38.30		.02
SURGERY/ANES.	2	2		108.14		54.07	.000	54.07		.02
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	24	91		853.81		9.38	.014	35.58		.13
@HOME HEALTH AGENCY	111	20,281	\$	606,083.66	\$	29.88	3.148	\$ 5460.21	\$	94.07
NURSE ANESTHESIST	1	20	\$	39.72	\$	1.99	.003	\$ 39.72	\$.01
NUDGE MIDWIEE	0	0	ċ	0.0	ċ	0.0	000	•	ċ	0.0

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1229.11

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782,187.27

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97.89 \$

7110.79

8985.24

.864 \$ 1232.68 \$

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140.62

121.40

80.89

HSC HOSPITALS

PEDIATRIC NURSE PRACTITIONER

FAMILY NURSE PRACTITIONER

HOSP INPATIENT TOTAL

NURSE MIDWIFE

@TOTAL HOSPITAL

0

3

735

110

58

0

0

0

15

563

424

5,567

23	139	236,357.67	1700.41	.022	10276.42	36.68
23	139	76 , 994.71	553.92	.022	3347.60	11.95
1	5	1,156.50	231.30	.001	1156.50	.18
0	0	.00	.00	.000	.00	.00
	134	75,838.21	565.96	.021	3447.19	11.77
23	0	159,362.96	.00	.000	6928.82	24.73
31	0	24,685.85	.00	.000	796.32	3.83
0	0	.00	.00	.000	.00	.00
659	5,004	123,831.69	24.75	.777	187.91	19.22
127	216	9,203.86	42.61	.034	72.47	1.43
44	54	2,308.30	42.75	.008	52.46	.36
226	1,351	12,201.33	9.03	.210	53.99	1.89
123	198	18,085.60	91.34	.031	147.04	2.81
	430	15,389.05	35.79	.067	58.51	2.39
357	2 , 755	66,643.55	24.19	.428	186.68	10.34
0	0 \$.00	\$.00	.000	\$.00	\$.00
٠ 0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
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0	0				.00	.00
		ONTH-OF-PAYMENT RE	PORT FOR JAN 200	4 THRU I	DEC 2004	PAGE 9,703
						03/14/05
SUMMARY OF SERVICES FO	R MN - NO SOC	- DISABLED 64 6	G 6H 6U 6V 6X 8G			
	23 1 0 22 23 31 0 659 127 44 226 123 263 357 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	23 139 1 0 0 0 22 134 23 0 31 0 0 0 659 5,004 127 216 44 54 226 1,351 123 198 263 430 357 2,755 0 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	23 139 76,994.71 1 5 1,156.50 0 0 0 22 134 75,838.21 23 0 159,362.96 31 0 24,685.85 0 0 0 659 5,004 123,831.69 127 216 9,203.86 44 54 2,308.30 226 1,351 12,201.33 123 198 18,085.60 263 430 15,389.05 357 2,755 66,643.55 0 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0	23 139 76,994.71 553.92 1 5 1,156.50 231.30 0 0 0 .00 .00 22 134 75,838.21 565.96 23 0 159,362.96 .00 31 0 24,685.85 .000 0 0 .00 .00 .00 659 5,004 123,831.69 24.75 127 216 9,203.86 42.61 44 54 2,308.30 42.75 226 1,351 12,201.33 9.03 123 198 18,085.60 91.34 263 430 15,389.05 35.79 357 2,755 66,643.55 24.19 0 0 \$.00 \$.00 .00 0 0 0 .00 .00 0 0 0 .00 .00 0 0 0 .00 .0	1	1

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					MON	NTHLY AVERA	GE
6,443 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	735	5 , 567 \$	906,018.96	\$ 162.75	.864	\$ 1232.68	\$ 140.62
COMM HOSP INPATIENT TOTAL	110	563	782,187.27	1389.32	.087	7110.79	121.40
HSC HOSPITALS	58	424	521,143.75	1229.11	.066	8985.24	80.89
NON-HSC HOSPITALS TOTAL	23	139	236,357.67	1700.41	.022	10276.42	36.68
ACCOMMODATIONS	23	139	76,994.71	553.92	.022	3347.60	11.95
ADMINISTRATIVE DAYS	1	5	1,156.50	231.30	.001	1156.50	.18
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	22	134	75,838.21	565.96	.021	3447.19	11.77
ANCILLARIES	23	0	159,362.96	.00	.000	6928.82	24.73
INPATIENT CROSSOVERS	31	0	24,685.85	.00	.000	796.32	3.83
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	659	5,004	123,831.69	24.75	.777	187.91	19.22
MEDICAL	127	216	9,203.86	42.61	.034	72.47	1.43
SURGERY	44	54	2,308.30	42.75	.008	52.46	.36
PATHOLOGY	226	1,351	12,201.33	9.03	.210	53.99	1.89
RADIOLOGY	123	198	18,085.60	91.34	.031	147.04	2.81
ROOM USE	263	430	15,389.05	35.79	.067	58.51	2.39

CROSSOVERS/ALL OTH OUTPTNT	357	2,755		66,643.55		24.19	.428		186.68		10.34
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	55	2,090	\$	351,932.11	\$	168.39		Ś	6398.77	Ś	54.62
LEV A-INTERMEDIATE	1	40		2,717.60		67.94	.006	•	2717.60		.42
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	2	0 0 119		65,799.85		552.94	.018		32899.93		10.21
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	54	1,931		283,414.66		146.77	.300		5248.42		43.99
@INTERMEDIATE CARE FACILDD	0	1,331	Ś	.00	\$.00	.000	Ś	.00	Ś	.00
ICF DDH	0	0	٧	.00	Y	.00	.000	۲	.00	Y	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	68	2,055	Ś	98,504.08	\$	47.93		Ċ	1448.59	Ċ	15.29
HOSPITAL BASED	0	2,033	Ÿ	.00	Ÿ	.00	.000	Y	.00	Y	.00
HEMODIALYSIS CENTER	68	2,055		98,504.08		47.93	.319		1448.59		15.29
@REHABILITATION FACILITY	8	2 , 033	\$	2,692.70	\$.015	ċ	336.59	ċ	.42
HOSPITAL BASED	0	64	Ą	2,003.23	Ą	31.30	.013	Ą	333.87	Ą	.31
	2	34		689.47		20.28	.010		344.74		.11
INDEPENDENT FACILITY	243	907	\$		Ċ			ċ		ċ	
@LABORATORY FACILITY	243	907 879	Þ	11,744.63	\$.141	Ş	48.33 50.22	Ş	1.82
PATHOLOGY				11,600.99		13.20	.136				1.80
XO AND OTHERS	12 442	28	\$	143.64	Ċ	5.13	.004	ċ	11.97	ć	.02
@ORGANIZED OUTPATIENT CLINIC		745	Ş	104,858.80	Þ	140.75	.116	Þ	237.24	Ş	16.27
CLINIC	22	48		1,363.20		28.40	.007		61.96		.21
SURGICENTER	12	52		2,134.07		41.04	.008		177.84		.33
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	414	645		101,361.53		157.15	.100		244.83	_	15.73
#CALIF DEPT OF HEALTH SERV			ES N	MONTH-OF-PAYMENT RI	EPOR'	r for Jan 2	2004 THRU I	DEC	2004	P	PAGE 9,704
MOP024	FEE-FOR-SERVICE										03/14/05
PLACER COUNTY	SUMMARY OF SERV	/ICES FOR MN - NO	SOC	C - DISABLED 64	6G 6I	H 6U 6V 6X					
6 440 =======							MC			-	
6,443 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY		_	USER		ELIGIBLE
@ALL OTHER PROVIDERS	825	60,863	\$	263,177.51	\$		9.446	Ş	319.00	Ş	40.85
DURABLE MED. EQUIP.	84	345		51,722.69		149.92	.054		615.75		8.03
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	135	5,619		32,762.24		5.83	.872		242.68		5.08
AMBULANCES/AIR TRANS	79	692		11,095.21		16.03	.107		140.45		1.72
OTHER TRANS	57	4,918		19,899.59		4.05	.763		349.12		3.09
OTHER SERVICES	4	9		1,767.44		196.38	.001		441.86		.27
ACUPUNCTURE	1	2		43.25		21.63	.000		43.25		.01
ADULT DAY HEALTH CARE CTR	39	615		41,776.10		67.93	.095		1071.18		6.48
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	28	83		9,417.99		113.47	.013		336.36		1.46
OCCUPATIONAL THERPARE	^	^		0.0		0.0	000		0.0		0.0

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OCCUPATIONAL THERAPIST

PROSTHETIST/ORTHOTISTS

SPEECH AND AUDIOLOGY

PHYSICAL THERAPIST

PORTABLE X-RAY

PROSTHETICS ORTHOTICS

PSYCHOLOGIST

OPTICIAN

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HOSPICE SERVICES	9	122		17,227.34	141.21	.019	1914.15	2.67	
	2	122		•					
NONINST BIRTHING CENTERS	O	0		.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	220	10,546		51,906.18	4.92	1.637	235.94	8.06	
EPSDT SUPPLEMENTAL SERVICE	4	234		6,881.76	29.41	.036	1720.44	1.07	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	264	43,012		43,595.04	1.01	6.676	165.13	6.77	
@CALIF. CHILDREN SERVICES*	95	9 , 975	\$	85 , 028.39	\$ 8.52	1.548	\$ 895.04	\$ 13.20	
@XOVER EXCLUDING STATE HOSP**	836	8,125	\$	114,948.96	\$ 14.15	1.261	\$ 137.50	\$ 17.84	
0* TOTALS IN THESE LINES ARE GIVEN	AS A SEPARATE	TNFORMATION	TTEM ONLY	:					

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,705 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 PLACER COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

					MON	THLY AVERA	jE
85,502 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	37 , 321	183,576 \$	10,061,839.09	\$ 54.81	2.147	269.60	\$ 117.68
@PHYSICIANS SERVICES	17 , 396	41,352 \$	1,817,499.38	\$ 43.95	.484 \$	104.48	\$ 21.26
OUTPATIENT VISITS	13,884	18,639	680,196.21	36.49	.218	48.99	7.96
OFFICE VISITS	9,939	12,712	398,333.26	31.34	.149	40.08	4.66
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2,783	3,143	163,694.12	52.08	.037	58.82	1.91
PREVENTIVE CARE	4	4	200.64	50.16	.000	50.16	.00
OB VISITS/COMPRE PERI	721	1,192	81,012.44	67.96	.014	112.36	.95
OTHER OUTPATIENT	1,467	1,588	36,955.75	23.27	.019	25.19	.43
INPATIENT VISITS	589	2,188	132,666.77	60.63	.026	225.24	1.55
HOSPITAL VISITS	561	1,715	70,292.23	40.99	.020	125.30	.82
CRITICAL CARE	53	471	62,300.14	132.27	.006	1175.47	.73
SNF/ICF/TRANS IP CARE	1	2	74.40	37.20	.000	74.40	.00
OPHTHALMOLOGICAL SERVICES	103	127	5,069.84	39.92	.001	49.22	.06

EXAMINATIONS	98	122		4,994.30		40.94	.001		50.96		.06
SERVICES AND MATERIALS	5	5		75.54		15.11	.000		15.11		.00
INPATIENT HOSPITAL SURGERY	650	2 , 730		357,664.67		131.01	.032		550.25		4.18
PRINCIPAL SURGEON	428	488		287,216.46		588.56	.032		671.07		3.36
		101									
ASSISTANT SURGEON	102 246			18,159.63		179.80	.001		178.04		.21
ANESTHESIOLOGIST		2,141		52,288.58		24.42	.025		212.56		.61
OUTPATIENT SURGERY	1,240	2,534		176,568.23		69.68	.030		142.39		2.07
PRINCIPAL SURGEON	1,084	1,430		146,754.49		102.63	.017		135.38		1.72
ASSISTANT SURGEON	15	15		1,636.75		109.12	.000		109.12		.02
ANESTHESIOLOGIST	228	1,089		28,176.99		25.87	.013		123.58		.33
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1,525	2,116		29,459.53		13.92	.025		19.32		.34
RADIOLOGY	3 , 251	5,130		276 , 368.69		53.87	.060		85.01		3.23
PSYCHIATRY	131	143		4,716.14		32.98	.002		36.00		.06
IMMUNIZATION AND INJECTION	402	880		36,230.07		41.17	.010		90.12		.42
OTHER SERVICES/ALL X-OVERS	1,508	6 , 865		118,559.23		17.27	.080		78.62		1.39
@PHARMACY	18,161	52 , 540	\$	2,676,268.36	\$	50.94	.614	\$	147.36	\$	31.30
PRESCRIPTION DRUGS	18,048	40,620		2,514,526.35		61.90	.475		139.32		29.41
SNF/ICF	18	113		4,452.05		39.40	.001		247.34		.05
OUTPATIENTS	18,041	40,507		2,510,074.30		61.97	.474		139.13		29.36
MEDICAL SUPPLIES	471	11,920		161,742.01		13.57	.139		343.40		1.89
@DENTIST	4,415	21,319	\$	667,024.79	\$	31.29	.249	\$	151.08	\$	7.80
VISITS - DIAGNOSTIC	3,280	14,687		220,567.45		15.02	.172		67.25		2.58
ORAL SURGERY	555	1,088		58,203.75		53.50	.013		104.87		.68
DRUGS	209	230		5,243.75		22.80	.003		25.09		.06
ANESTHESIA	12	12		1,250.00		104.17	.000		104.17		.01
PERIODONTICS	61	61		6,219.20		101.95	.001		101.95		.07
ENDODONTICS	422	763		116,895.16		153.20	.009		277.00		1.37
RESTORATIVE DENTISTRY	1,446	3,944		216,653.63		54.93	.046		149.83		2.53
PROSTHETICS	26	27		758.50		28.09	.000		29.17		.01
DENTURES, STAYPLATES	66	171		21,546.00		126.00	.002		326.45		.25
SPACE MAINTAINERS	39	48		4,748.00		98.92	.001		121.74		.06
MAXILLOFACIAL SERVICES	8	8		2,894.35		361.79	.000		361.79		.03
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	100	140		11,520.00		82.29	.002		115.20		.13
ALL OTHER SERVICES	135	140		525.00		3.75	.002		3.89		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		RES M		ZPOR'			DEC		PΑ	GE 9,706
MOP024	FEE-FOR-SERVICE/DEN				010	01: 0111					03/14/05
PLACER COUNTY	SUMMARY OF SERVICES		C-FA	M 34 39 3N 3T 3V 5	54 5	9 5J 5W-5Y	6Ј 7Ј 7к				-3, -1, 00
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FLACEN COUNTI	SOMMANI OF SER	CATCED LOIC MIN MOD	JC FA	TH DA DD DI DV .	J4 J3	, 30 3W 31	00 /0 /10				
							M	CNC	THLY AVERA	GΕ	
85,502 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	€		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	929	2,607	\$	58 , 906.85	\$	22.60	.030	\$	63.41	\$.69
DIAGNOSTIC AND ANC. PROCED	677	704		30,031.42		42.66	.008		44.36		.35
EYE APPLIANCES	680	1,875		28,076.27		14.97	.022		41.29		.33
OTHER OPTOMETRIC SERVICES	23	28		799.16		28.54	.000		34.75		.01
@CHIROPRACTOR	175	277	\$	4,602.18	\$	16.61	.003	\$	26.30	\$.05
VISITS	175	277		4,602.18		16.61	.003		26.30		.05
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	77	113	\$	3,842.71	\$	34.01	.001	\$	49.91	\$.04
MEDICINE/INJECTIONS	68	87		3,171.74		36.46	.001		46.64		.04
SURGERY/ANES.	2	2		107.04		53.52	.000		53.52		.00
RADIO./PATHOLOGY	3	3		59.74		19.91	.000		19.91		.00
OTHER	10	21		504.19		24.01	.000		50.42		.01
@HOME HEALTH AGENCY	46	155	\$	9,328.13	\$	60.18	.002	\$	202.79	\$.11
NURSE ANESTHESIST	2	14	\$	309.06	\$	22.08	.000	\$	154.53	\$.00

NURSE MIDWIFE	8	74	Ś	1,896.08	\$	25.62	.001	\$	237.01	Ś	.02
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	21	59	\$	1,607.06	\$.001	\$		Ś	.02
@TOTAL HOSPITAL	6 , 926	29,395	\$	3,710,579.66		126.23		\$	535.75	\$	43.40
HOSP INPATIENT TOTAL	540	2,146	•	3,003,831.22	·	1399.73	.025		5562.65	·	35.13
HSC HOSPITALS	363	1,460		1,898,165.89		1300.11	.017		5229.11		22.20
NON-HSC HOSPITAL TOTAL	174	686		1,097,047.73		1599.19	.008		6304.87		12.83
ACCOMMODATIONS	174	686		386,500.65		563.41	.008		2221.27		4.52
ADMINISTRATIVE DAYS	1	1		173.48		173.48	.000		173.48		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	173	685		386,327.17		563.98	.008		2233.11		4.52
ANCILLARIES	174	0		710,547.08		.00	.000		4083.60		8.31
INPATIENT CROSSOVERS	8	0		8,617.60		.00	.000		1077.20		.10
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	6,605	27,249		706,748.44		25.94	.319		107.00		8.27
MEDICAL	875	1,294		48,314.54		37.34	.015		55.22		.57
SURGERY	624	720		26,413.38		36.69	.008		42.33		.31
PATHOLOGY	2,618	10,891		118,576.60		10.89	.127		45.29		1.39
RADIOLOGY	1,560	2,306		165,763.47		71.88	.027		106.26		1.94
ROOM USE	4,561	5,640		209,567.84		37.16	.066		45.95		2.45
CROSSOVERS/ALL OTH OUTPTNT	2,224	6,398		138,112.61		21.59	.075		62.10		1.62
@COUNTY HOSPITAL TOTAL	. 11	55	\$	5,931.23	\$	107.84	.001	\$	539.20	\$.07
CO HOSPITAL INPATIENT TOTAL	2	3		3,864.02		1288.01	.000		1932.01		.05
HSC HOSPITALS	2	3		3,864.02		1288.01	.000		1932.01		.05
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	10	52		2,067.21		39.75	.001		206.72		.02
MEDICAL	1	1		31.81		31.81	.000		31.81		.00
SURGERY	5	7		559.23		79.89	.000		111.85		.01
PATHOLOGY	4	19		324.72		17.09	.000		81.18		.00
RADIOLOGY	1	1		27.59		27.59	.000		27.59		.00
ROOM USE	4	9		543.14		60.35	.000		135.79		.01
CROSSOVERS/ALL OTH OUTPINT	7	15		580.72		38.71	.000		82.96		.01
	MEDI-CAL SERVICES AN		JRES M	ONTH-OF-PAYMENT RE	EPOR'	T FOR JAN	2004 THRU	DEC	2004	PAG	- ,
MOP024	FEE-FOR-SERVICE/DENT										03/14/05
PLACER COUNTY	SUMMARY OF SERVICES	FOR MN-NOS	OC-FA	M 34 39 3N 3T 3V 5	54 5	9 5J 5W-5	Y 6J 7J 7K				

----- MONTHLY AVERAGE -----85,502 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER EXPENDITURES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 6,918 @COMMUNITY HOSPITAL TOTAL 29,340 3,704,648.43 \$ 126.27 .343 \$ 535.51 \$ 43.33 COMM HOSP INPATIENT TOTAL 538 2,143 2,999,967.20 1399.89 .025 5576.15 35.09 1,457 1,894,301.87 1300.14 5247.37 22.16 HSC HOSPITALS 361 .017 NON-HSC HOSPITALS TOTAL 174 686 1,097,047.73 1599.19 .008 6304.87 12.83 174 686 2221.27 4.52 ACCOMMODATIONS 386,500.65 563.41 .008 1 173.48 173.48 173.48 ADMINISTRATIVE DAYS .000 .00 .00 TRANSITIONAL IP CARE Ω Ω .00 .000 .00 .00 173 685 386,327.17 563.98 .008 2233.11 4.52 ALL OTHER ACCOM 174 710,547.08 4083.60 ANCILLARIES 0 .00 .000 8.31 8 0 8,617.60 .00 .000 1077.20 INPATIENT CROSSOVERS .10 ALL OTHER INPATIENT 0 .00 .00 .000 .00 .00

COMM HOSP OUTPATIENT TOTAL	6,598	27,197		704,681.23		25.91	.318		106.80		8.24
MEDICAL	874	1,293		48,282.73		37.34	.015		55.24		.56
SURGERY	619	713		25,854.15		36.26	.008		41.77		.30
PATHOLOGY	2 , 615	10,872		118,251.88		10.88	.127		45.22		1.38
RADIOLOGY	1,560	2,305		165,735.88		71.90	.027		106.24		1.94
ROOM USE	4,558	5,631		209,024.70		37.12	.066		45.86		2.44
CROSSOVERS/ALL OTH OUTPTNT	2,220	6,383		137,531.89		21.55	.075		61.95		1.61
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	2	11	\$	2,190.59	\$	199.14	.000	\$	1095.30	\$.03
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2	11		2,190.59		199.14	.000		1095.30		.03
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	6	93	\$	7,919.34	\$	85.15	.001	\$	1319.89	\$.09
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	6	93		7,919.34		85.15	.001		1319.89		.09
@REHABILITATION FACILITY	17	44	\$	1,660.80	\$	37.75	.001	\$	97.69	\$.02
HOSPITAL BASED	17	44		1,660.80		37.75	.001		97.69		.02
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3,136	9,542	\$	135,542.60	\$	14.20	.112	\$	43.22	\$	1.59
PATHOLOGY	3,134	9,540		135,479.25		14.20	.112		43.23		1.58
XO AND OTHERS	2	2		63.35		31.68	.000		31.68		.00
@ORGANIZED OUTPATIENT CLINIC	3,147	6,330	\$	747,863.17	\$	118.15	.074	\$	237.64	\$	8.75
CLINIC	852	2,535		75,552.02		29.80	.030		88.68		.88
SURGICENTER	78	446		14,706.84		32.97	.005		188.55		.17
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2,263	3,349		657,604.31		196.36	.039		290.59		7.69
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	O EXPENDITU	JRES 1	MONTH-OF-PAYMENT RI	EPOR'	T FOR JAN	2004 THRU	DEC	2004	PI	AGE 9,708
MOP024	FEE-FOR-SERVICE/DENTA	AL									03/14/05
PLACER COUNTY	SUMMARY OF SERVICES H	FOR MN-NOS	OC-FA	AM 34 39 3N 3T 3V 5	54 5	9 5J 5W-5Y	6J 7J 7K				

----- MONTHLY AVERAGE -----85,502 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER ELIGIBLE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 2,267 19,651 214,798.33 \$ 10.93 .230 \$ 94.75 \$ @ALL OTHER PROVIDERS 2.51 56.43 162.70 DURABLE MED. EQUIP. 188 542 30,587.55 .006 .36 .00 0 0 .00 .00 .00 BLOOD BANK .000 0 .00 HEARING AID DISPENSERS 0 .00 .000 .00 .00 76,635.78 MEDICAL TRANSPORTATION 343 8,382 9.14 .098 223.43 .90 AMBULANCES/AIR TRANS 333 3,073 46,522.24 15.14 .036 139.71 10 5,297 13,883.90 2.62 1388.39 OTHER TRANS .062 .16 OTHER SERVICES 12 12 16,229.64 1352.47 .000 1352.47 .19 5 13 19.55 50.82 .00 ACUPUNCTURE 254.10 .000 0 0 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 GENETIC DISEASE TESTING 134 134 14,070.00 105.00 .002 105.00 .16 0 .00 .00 .00 .000 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 1 124.19 20.70 124.19 .00 OCCUPATIONAL THERAPIST 6 .000 669 1,431 12,989.64 9.08 19.42 OPTICIAN .017 .15 PHYSICAL THERAPIST 4 19 314.59 16.56 .000 78.65 .00

PORTABLE X-RAY	0	0	.00	.00	.000	. 0	0	.00
PROSTHETIST/ORTHOTISTS	43	71	9,449.01	133.08	.001	219.7	4	.11
PROSTHETICS	43	71	9,449.01	133.08	.001	219.7	4	.11
ORTHOTICS	0	0	.00	.00	.000	.0	0	.00
PSYCHOLOGIST	1	4	75.97	18.99	.000	75.9	7	.00
SPEECH AND AUDIOLOGY	75	165	10,982.92	66.56	.002	146.4	4	.13
HOSPICE SERVICES	3	22	2,983.00	135.59	.000	994.3	3	.03
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.0	0	.00
LOCAL EDUCATION AGENCIES	727	3,378	33,101.28	9.80	.040	45.5	3	.39
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.0	0	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.0	0	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.0	0	.00
ALL OTHER PROVIDERS	134	5,484	23,230.30	4.24	.064	173.3	6	.27
@CALIF. CHILDREN SERVICES*	340	6,608	\$ 773 , 603.96	\$ 117.07	.077	\$ 2275.3	1 \$	9.05
@XOVER EXCLUDING STATE HOSP**	169	1,000	\$ 31,795.69	\$ 31.80	.012	\$ 188.1	4 \$.37

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,709 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

PLACER COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

PLACER COUNTY	SUMMARY OF SER	VICES FOR MN - NO SOC	- TOTAL				
					MON	THLY AVERA	GE
98,908 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	48,015	418,010 \$	17,212,521.02	\$ 41.18	4.226 \$	358.48	\$ 174.03
@PHYSICIANS SERVICES	19 , 747	49,334 \$	2,165,517.52	\$ 43.90	.499 \$	109.66	\$ 21.89
OUTPATIENT VISITS	14,842	20,007	730,946.84	36.53	.202	49.25	7.39
OFFICE VISITS	10,672	13,713	429,935.89	31.35	.139	40.29	4.35
HOME VISITS	1	1	49.20	49.20	.000	49.20	.00
EMERGENCY ROOM	2 , 953	3,366	179,180.22	53.23	.034	60.68	1.81
PREVENTIVE CARE	5	5	244.49	48.90	.000	48.90	.00
OB VISITS/COMPRE PERI	721	1,192	81,012.44	67.96	.012	112.36	.82
OTHER OUTPATIENT	1,593	1,730	40,524.60	23.42	.017	25.44	.41
INPATIENT VISITS	757	3,004	165,358.72	55.05	.030	218.44	1.67
HOSPITAL VISITS	708	2,467	97,912.35	39.69	.025	138.29	.99
CRITICAL CARE	61	508	66,315.42	130.54	.005	1087.14	.67
SNF/ICF/TRANS IP CARE	22	29	1,130.95	39.00	.000	51.41	.01
OPHTHALMOLOGICAL SERVICES	170	220	8,781.27	39.91	.002	51.65	.09
EXAMINATIONS	163	211	8,587.21	40.70	.002	52.68	.09
SERVICES AND MATERIALS	9	9	194.06	21.56	.000	21.56	.00
INPATIENT HOSPITAL SURGERY	735	3,224	399,142.51	123.80	.033	543.05	4.04
PRINCIPAL SURGEON	494	588	319,165.61	542.80	.006	646.08	3.23
ASSISTANT SURGEON	106	105	19,116.23	182.06	.001	180.34	.19
ANESTHESIOLOGIST	276	2,531	60,860.67	24.05	.026	220.51	.62
OUTPATIENT SURGERY	1,390	2,857	221,634.94	77.58	.029	159.45	2.24
PRINCIPAL SURGEON	1,216	1,613	187,594.62	116.30	.016	154.27	1.90
ASSISTANT SURGEON	17	17	1,930.49	113.56	.000	113.56	.02
ANESTHESIOLOGIST	256	1,227	32,109.83	26.17	.012	125.43	.32
DIALYSIS	33	143	13,101.12	91.62	.001	397.00	.13
PATHOLOGY	1,620	2,308	33,371.16	14.46	.023	20.60	.34
RADIOLOGY	3,719	6,214	358,387.63	57.67	.063	96.37	3.62
PSYCHIATRY	136	149	4,914.02	32.98	.002	36.13	.05
IMMUNIZATION AND INJECTION	465	1,121	43,014.08	38.37	.011	92.50	.43
OTHER SERVICES/ALL X-OVERS	2 , 757	10,087	186,865.23	18.53	.102	67.78	1.89
@PHARMACY	26,897	155,831 \$	5,882,067.59	\$ 37.75	1.576 \$	218.69	\$ 59.47
PRESCRIPTION DRUGS	26,636	78,447	5,662,423.56	72.18	.793	212.59	57.25

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	270	2,411	142,673.37	59.18	.024	528.42	1.44
OUTPATIENTS	26,410	76,036	5,519,750.19	72.59	.769	209.00	55.81
MEDICAL SUPPLIES	1,085	77,384	219,644.03	2.84	.782	202.44	2.22
@DENTIST	5,068	23,914 \$	778,924.30	\$ 32.57	.242	\$ 153.69	\$ 7.88
VISITS - DIAGNOSTIC	3,716	16,330	242,565.76	14.85	.165	65.28	2.45
ORAL SURGERY	673	1,433	74,502.75	51.99	.014	110.70	.75
DRUGS	212	233	5,293.75	22.72	.002	24.97	.05
ANESTHESIA	12	12	1,250.00	104.17	.000	104.17	.01
PERIODONTICS	83	84	8,590.20	102.26	.001	103.50	.09
ENDODONTICS	464	817	128,069.16	156.76	.008	276.01	1.29
RESTORATIVE DENTISTRY	1,589	4,248	237,400.83	55.89	.043	149.40	2.40
PROSTHETICS	35	37	1,028.50	27.80	.000	29.39	.01
DENTURES, STAYPLATES	160	377	60,416.00	160.25	.004	377.60	.61
SPACE MAINTAINERS	40	49	4,868.00	99.35	.000	121.70	.05
MAXILLOFACIAL SERVICES	8	8	2,894.35	361.79	.000	361.79	.03
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	100	140	11,520.00	82.29	.001	115.20	.12
ALL OTHER SERVICES	152	146	525.00	3.60	.001	3.45	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DI	EC 2004	PAGE 9,710
MOP024	FEE-FOR-SERVICE	/DENTAL					03/14/05
PLACER COUNTY	SUMMARY OF SERV	ICES FOR MN - NO S	OC - TOTAL				
					MOI	NTHLY AVERA	GE
98,908 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1.143	3.190 \$	71.879 61	\$ 22.53		\$ 62.89	

							1.1.	OIAT	TILL AVEIVA	CL	
98,908 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	E		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1,143	3 , 190	\$	71,879.61	\$	22.53	.032	\$	62.89	\$.73
DIAGNOSTIC AND ANC. PROCED	747	777		33,236.72		42.78	.008		44.49		.34
EYE APPLIANCES	841	2,334		36,024.44		15.43	.024		42.84		.36
OTHER OPTOMETRIC SERVICES	57	79		2,618.45		33.14	.001		45.94		.03
@CHIROPRACTOR	182	291	\$	4,836.26	\$	16.62	.003	\$	26.57	\$.05
VISITS	181	289		4,802.82		16.62	.003		26.53		.05
OTHER SERVICES	1	2		33.44		16.72	.000		33.44		.00
@PODIATRIST	138	254	\$	5,280.49	\$	20.79	.003	\$	38.26	\$.05

MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	72 4 3	92 4 3		3,324.94 215.18 59.74		36.14 53.80 19.91	.001 .000 .000		46.18 53.80 19.91		.03 .00 .00
OTHER	66	155		1,680.63		10.84	.002		25.46		.02
@HOME HEALTH AGENCY	167	20,508 \$		620 , 528.17		30.26			3715.74		6.27
NURSE ANESTHESIST	5	43 \$		448.34	\$.000		89.67		.00
NURSE MIDWIFE	8	74 \$		1,896.08	\$	25.62	.001		237.01		.02
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000		.00	\$.00
FAMILY NURSE PRACTITIONER	26	78 \$		1,974.35	\$	25.31	.001	\$	75.94	\$.02
@TOTAL HOSPITAL	8 , 036	38,355 \$		4,822,054.79	\$	125.72	.388	\$	600.06	\$	48.75
HOSP INPATIENT TOTAL	704	2,802		3,929,249.48		1402.30	.028		5581.32		39.73
HSC HOSPITALS	436	1,949		2,492,930.63		1279.08	.020		5717.73		25.20
NON-HSC HOSPITAL TOTAL	203	853		1,377,738.24		1615.17	.009		6786.89		13.93
ACCOMMODATIONS	203	853		482,163.06		565.26	.009		2375.19		4.87
ADMINISTRATIVE DAYS	2	6		1,329.98		221.66	.000		664.99		.01
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	201	847		480,833.08		567.69	.009		2392.20		4.86
ANCILLARIES	203	0		895,575.18		.00	.000		4411.70		9.05
INPATIENT CROSSOVERS	73	0		58,580.61		.00	.000		802.47		.59
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	7,599	35 , 553		892,805.31		25.11	.359		117.49		9.03
MEDICAL	1,045	1,593		61,621.44		38.68	.016		58.97		.62
SURGERY	681	791		30,181.61		38.16	.008		44.32		.31
PATHOLOGY	2,942	12,885		135,429.53		10.51	.130		46.03		1.37
RADIOLOGY	1,732	2,663		198,128.70		74.40	.027		114.39		2.00
ROOM USE	4,917	6 , 205		230,031.22		37.07	.063		46.78		2.33
CROSSOVERS/ALL OTH OUTPTNT		11,416		237,412.81		20.80	.115		85.37		2.40
@COUNTY HOSPITAL TOTAL	12	57 \$			Ċ	104.96		Ċ	498.58	Ċ	.06
CO HOSPITAL INPATIENT TOTAL		3			Ą	1288.01	.000	Ą	1932.01	Ą	.04
	2	3		3,864.02		1288.01	.000		1932.01		
HSC HOSPITALS NON-HSC HOSPITALS TOTAL	2	3		3,864.02 .00		.00	.000		.00		.04
	0	0		.00			.000		.00		
ACCOMMODATIONS	0	0				.00			.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0				.00	.000				.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0 11			.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL		54		2,118.98		39.24	.001		192.63		.02
MEDICAL	2	2		46.70		23.35	.000		23.35		.00
SURGERY	5	7		559.23		79.89	.000		111.85		.01
PATHOLOGY	4	19		324.72		17.09	.000		81.18		.00
RADIOLOGY	1	1		27.59		27.59	.000		27.59		.00
ROOM USE	5	10		580.02		58.00	.000		116.00		.01
CROSSOVERS/ALL OTH OUTPTNT		15		580.72		38.71	.000		82.96		.01
		CES AND EXPENDITURES	MON	NTH-OF-PAYMENT RE	EPOR'	T FOR JAN 2	2004 THRU	DEC	2004		E 9,711
MOP024	FEE-FOR-SERVICE										03/14/05
PLACER COUNTY	SUMMARY OF SERV	ICES FOR MN - NO S	oc -	- TOTAL							
00 000 51 5055150							M				
98,908 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					ST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		JIGIBLE
@COMMUNITY HOSPITAL TOTAL	8,027	38,298 \$		4,816,071.79	\$	125.75	.387	Ş		Ş	48.69
COMM HOSP INPATIENT TOTAL	702	2,799		3,925,385.46		1402.42	.028		5591.72		39.69
HSC HOSPITALS	434	1,946		2,489,066.61		1279.07	.020		5735.18		25.17
NON-HSC HOSPITALS TOTAL	203	853		1,377,738.24		1615.17	.009		6786.89		13.93
ACCOMMODATIONS	203	853		482,163.06		565.26	.009		2375.19		4.87

ADMINISTRATIVE DAYS	2	6		1,329.98		221.66	.000		664.99		.01
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	201	847		480,833.08		567.69	.009		2392.20		4.86
ANCILLARIES	203	0		895,575.18		.00	.000		4411.70		9.05
INPATIENT CROSSOVERS	73	0		58,580.61		.00	.000		802.47		.59
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	7,591	35,499		890,686.33		25.09	.359		117.33		9.01
MEDICAL	1,043	1,591		61,574.74		38.70	.016		59.04		.62
SURGERY	676	784		29,622.38		37.78	.008		43.82		.30
PATHOLOGY	2,939	12,866		135,104.81		10.50	.130		45.97		1.37
RADIOLOGY	1,732	2,662		198,101.11		74.42	.027		114.38		2.00
ROOM USE	4,913	6 , 195		229,451.20		37.04	.063		46.70		2.32
CROSSOVERS/ALL OTH OUTPTNT	2,777	11,401		236,832.09		20.77	.115		85.28		2.39
@STATE HOSPITAL	2,777	11,401	\$.00	\$.00	.000	Ċ	.00	Ċ	.00
MENTALLY ILL	0	0	Ÿ	.00	Y	.00	.000	Y	.00	Y	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	238	6 , 955	\$	975,245.07	\$	140.22		ċ	4097.67	ċ	9.86
	230	•	Ą		ş	67.94		Ą	2717.60	Ş	
LEV A-INTERMEDIATE	0	40		2,717.60			.000				.03
LEV B-REHAB MD		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	U	-		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	2	119		73,716.25		619.46	.001		36858.13		.75
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	237	6,796		898,811.22		132.26	.069		3792.45		9.09
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	Ş	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	124	3 , 257	\$	180,864.76	\$	55.53		\$	1458.59	\$	1.83
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	124	3 , 257		180,864.76		55.53	.033		1458.59		1.83
HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED	28	151	\$	4,601.42	\$	30.47		\$	164.34	\$.05
HOSPITAL BASED	26	117		3,911.95		33.44	.001		150.46		.04
INDEPENDENT FACILITY	2	34		689.47		20.28	.000		344.74		.01
@LABORATORY FACILITY	3,485	10,990	\$	153,470.83	\$	13.96	.111	\$	44.04	\$	1.55
PATHOLOGY	3,469	10,954		153,233.09		13.99	.111		44.17		1.55
XO AND OTHERS	16	36		237.74		6.60	.000		14.86		.00
@ORGANIZED OUTPATIENT CLINIC	3,798	7,441	\$	893,601.52	\$	120.09	.075	\$		\$	9.03
CLINIC	881	2,600		77,929.74		29.97	.026		88.46		.79
SURGICENTER	112	603		23,659.32		39.24	.006		211.24		.24
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2,859	4,238		792,012.46		186.88	.043		277.02		8.01
#CALIF DEPT OF HEALTH SERV			RES M	MONTH-OF-PAYMENT RI	EPORT			DEC		Р	AGE 9,712
MOP024	FEE-FOR-SERVICE									_	03/14/05
PLACER COUNTY		/ICES FOR MN - N	0 500	C - TOTAL							00/11/00
TENOET COUNTY	COLUMN OF SERV	TODO FOR THE		1011111			M	ТИОІ	HLY AVERA	GE	
98,908 ELIGIBLES	USERS	UNITS OF SERVICE	E.	EXPENDITURES	Δ17F	ERAGE COST			COST PER		COST PER
30,300 EETGIBEE	05210	OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	3,628	97,344	\$	649,329.92	\$	6.67	.984	\$	178.98		6.56
DURABLE MED. EQUIP.	290	915	Y	84,959.99	Y	92.85	.009	Y	292.97	Y	.86
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	5	5		1,909.59		381.92	.000		381.92		.02
MEDICAL TRANSPORTATION	590	21,759		141,193.91		6.49	.220		239.31		1.43
AMBULANCES/AIR TRANS	430	3,862		59,857.48		15.50	.039		139.20		.61
OTHER TRANS	162	17,861		63,313.50		3.54	.181		390.82		.64
OTHER SERVICES	18 20	36 65		18,022.93		500.64	.000		1001.27		.18
ACUPUNCTURE	۷.	03		1,173.21		18.05	.001		58.66		.01

ADULT DAY HEALTH CARE CTR	154	2 , 182	150,355.86	68.91	.022	976.34	1.52
GENETIC DISEASE TESTING	134	134	14,070.00	105.00	.001	105.00	.14
IHMC, MODEL-NF, NF, AIDS, MSSP	47	199	17,695.03	88.92	.002	376.49	.18
OCCUPATIONAL THERAPIST	1	6	124.19	20.70	.000	124.19	.00
OPTICIAN	850	1,837	17,383.66	9.46	.019	20.45	.18
PHYSICAL THERAPIST	4	19	314.59	16.56	.000	78.65	.00
PORTABLE X-RAY	5	9	10.54	1.17	.000	2.11	.00
PROSTHETIST/ORTHOTISTS	52	94	11,312.69	120.35	.001	217.55	.11
PROSTHETICS	52	94	11,312.69	120.35	.001	217.55	.11
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	6	9	199.53	22.17	.000	33.26	.00
SPEECH AND AUDIOLOGY	109	240	18,855.43	78.56	.002	172.99	.19
HOSPICE SERVICES	14	172	23,684.46	137.70	.002	1691.75	.24
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	947	13,924	85,007.46	6.11	.141	89.77	.86
EPSDT SUPPLEMENTAL SERVICE	4	234	6 , 881.76	29.41	.002	1720.44	.07
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	580	55 , 541	74,198.02	1.34	.562	127.93	.75
@CALIF. CHILDREN SERVICES*	435	16,583	\$ 858,632.35	\$ 51.78	.168	\$ 1973.87	\$ 8.68
@XOVER EXCLUDING STATE HOSP**	1,727	13,474	\$ 259,234.63	\$ 19.24	.136	\$ 150.11	\$ 2.62

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,713
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
PLACER COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

					MON'	THLY AVERAGE	
212 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	333	7 , 199 \$	306,928.38	\$ 42.63	33.958 \$	921.71 \$	1447.78
@PHYSICIANS SERVICES	39	330 \$	1,900.83	\$ 5.76	1.557 \$	48.74 \$	8.97
OUTPATIENT VISITS	11	14	182.72	13.05	.066	16.61	.86
OFFICE VISITS	10	13	74.64	5.74	.061	7.46	.35
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	108.08	108.08	.005	108.08	.51
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	1	0	3.77CR	.00	.000	3.77CR	.02CR
HOSPITAL VISITS	1	1	43.13	43.13	.005	43.13	.20
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	1CR	46.90CR	46.90	.005CR	.00	.22CR
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	1	1		211.13		211.13	.005		211.13		1.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	240		482.17		2.01	1.132		241.09		2.27
OTHER SERVICES/ALL X-OVERS	28	75		1,028.58		13.71	.354		36.74		4.85
@PHARMACY	206	3,542	\$	76,273.03	\$	21.53	16.708	\$	370.26	\$	359.78
PRESCRIPTION DRUGS	203	999		74,400.41		74.47	4.712		366.50		350.95
SNF/ICF	62	371		15,583.24		42.00	1.750		251.34		73.51
OUTPATIENTS	146	628		58,817.17		93.66	2.962		402.86		277.44
MEDICAL SUPPLIES	20	2,543		1,872.62		.74	11.995		93.63		8.83
@DENTIST	32	113	\$	3,816.00	\$	33.77	.533	\$	119.25	\$	18.00
VISITS - DIAGNOSTIC	24	63		852.00		13.52	.297		35.50		4.02
ORAL SURGERY	4	7		90.00		12.86	.033		22.50		.42
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	3	14		259.00		18.50	.066		86.33		1.22
PROSTHETICS	1	1		30.00		30.00	.005		30.00		.14
DENTURES, STAYPLATES	9	28		2,585.00		92.32	.132		287.22		12.19
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	O EXPENDITUR	RES	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2004 THRU	DEC	2004	PA	AGE 9,714
MOP024	FEE-FOR-SERVICE/DENTA	AL									03/14/05

FLACER COUNTI	SOMMAKI OF SEK	C - MM AO1 CEDIV	UC	AGED	A.	ID CODE I/	TI				
							M	ONT	HLY AVERA	GΕ	
212 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	E		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	2	6	\$	153.67	\$	25.61	.028	\$	76.84	\$.72
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	2	6		106.22		17.70	.028		53.11		.50
OTHER OPTOMETRIC SERVICES	1	0		47.45		.00	.000		47.45		.22
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	1	1	\$	5.96	\$	5.96	.005	\$	5.96	\$.03
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	1	1		5.96		5.96	.005		5.96		.03
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	25	168	\$	7,441.94	\$	44.30	.792	\$	297.68	\$	35.10
HOSP INPATIENT TOTAL	6	0		4,349.69		.00	.000		724.95		20.52
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00

SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

PLACER COUNTY

INPATIENT CROSSOVERS	6	0		4,349.69		.00	.000		724.95		20.52
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	19	168		3,092.25		18.41	.792		162.75		14.59
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	16		45.62		2.85	.075		45.62		.22
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	18	152		3,046.63		20.04	.717		169.26		14.37
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDIT	URES MONTH-	OF-PAYMENT RI	EPORT	FOR JAN	2004 THRU	DEC	2004	PA	GE 9,715
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR	MN - 3	SOC - AGED		AID	CODE 1	7 1Y				
							M	ONTE	HLY AVERA	GE -	

212 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CAR	₹.		PEF	R UNIT/DAY	PER ELIG	:	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	25	168	\$	7,441.94	\$	44.30	.792		297.68		35.10
COMM HOSP INPATIENT TOTAL	6	0	'	4,349.69		.00	.000		724.95		20.52
HSC HOSPITALS	0	Ö		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	6	0		4,349.69		.00	.000		724.95		20.52
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	19	168		3,092.25		18.41	.792		162.75		14.59
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	16		45.62		2.85	.075		45.62		.22
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	18	152		3,046.63		20.04	.717		169.26		14.37
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	Ċ	.00
MENTALLY ILL	0	0	۲	.00	Ą			۲	.00	ې	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
	69	2,027	\$		\$	88.07	9.561	ċ	2587.35	ċ	842.11
@NURSING FACILITY LEV A-INTERMEDIATE	1	2,027 53	Ą	178,526.92 4,201.43	Ą	79.27	.250	\$	4201.43	Ş	19.82
	0	0		4,201.43		.00	.000		.00		.00
LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING	0	0		.00		.00			.00		
	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0					.000				.00
LEV B-TRANSITIONAL IP CARE	68	•		.00		.00	.000		.00		.00
LEV B-REGULAR		1,974	ċ	174,325.49	Ċ	88.31	9.311	ć	2563.61	Ċ	822.29
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	Ş	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	ċ	.00	Ċ	.00	.000	ċ	.00	ċ	.00
@HEMODIALYSIS TOTAL	0	•	\$		\$.00	.000	\$		Þ	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	ċ	.00	Ċ	.00	.000	ċ	.00	ċ	.00
@REHABILITATION FACILITY	0	0	\$.00	Ą	.00	.000	\$.00	Þ	.00
HOSPITAL BASED	0			.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	\$.00	\$.00	.000	ċ	.00	ċ	.00
@LABORATORY FACILITY PATHOLOGY	0	0	Ş	.00	Ą	.00	.000	\$.00	Ą	.00
	0	•		.00		.00	.000		.00		.00
XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	3	0	\$	1,201.32	\$	133.48	.042	\$	400.44	Ċ	5.67
	0	0	۲	.00	Ą	.00	.000	۲	.00	ې	.00
CLINIC SURGICENTER	0	0		.00		.00	.000		.00		.00
	0	0		.00							
HEROIN DETOX CLINIC RURAL HEALTH CLINIC	3	9		1,201.32		.00	.000		.00		.00 5.67
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE		KES.	MONTH-OF-PAYMENT R	EPOR1	. FOR JAN 2	.004 IRO	DEC	2004		AGE 9,716 03/14/05
		,)C _	AGED	7\ T	D CODE 17	1 v				03/14/03
I DUCEL COOMII	DOLINAKI OL SEKA	TOES FOR MIN - 20	JC -	AGED	Al		M	ייזא רו	א מי <i>שוו</i> א עודי	CF	
212 ELIGIBLES	USERS	UNITS OF SERVICE	₹.	EXPENDITURES	⊿ ₹/∓						COST PER
212 111011110	ODENO	OR DAYS OF CAR		121 1101 101UD		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	49	1,003		37,608.71					767.52		
DURABLE MED. EQUIP.	1	81	4	2,997.00	Y	37.00	.382	Y	2997.00	7	14.14
BLOOD BANK	0	0		.00		.00	.000		.00		.00
DHOOD DVIMI	U	O		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	11	117	821.41	7.02	.552	74.67	3.87
AMBULANCES/AIR TRANS	4	18	447.11	24.84	.085	111.78	2.11
OTHER TRANS	6	96	359.58	3.75	.453	59.93	1.70
OTHER SERVICES	2	3	14.72	4.91	.014	7.36	.07
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	17	198	13,220.20	66.77	.934	777.66	62.36
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	8	122	7 , 748.95	63.52	.575	968.62	36.55
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	18	214.30	11.91	.085	35.72	1.01
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	.68	.68	.005	.68	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	7.07	7.07	.005	7.07	.03
SPEECH AND AUDIOLOGY	3	3	1,160.36	386.79	.014	386.79	5.47
HOSPICE SERVICES	2	99	11,248.38	113.62	.467	5624.19	53.06
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	363	190.36	.52	1.712	47.59	.90
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00		\$.00	.00
@XOVER EXCLUDING STATE HOSP**	68	233	\$ 11,423.70	\$ 49.03	1.099	\$ 168.00	\$ 53.89

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

111202 B11111 11112 111020B2B 1	1112 11111011111111 2111112 11100 1100121	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,717
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27	

FLACER COUNTI	SUMMAKI OF SEK	ATCES FOR MM - 20	C - PPIND		AID CODE	2 /		
						MOI	NTHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	E	XPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00

OURDARIENE GUDGEDU										
OUTPATIENT SURGERY	0	0	.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0	.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0	.00		.00	.000		.00		.00
DIALYSIS	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
	•	0								
RADIOLOGY	0	0	.00		.00	.000		.00		.00
PSYCHIATRY	0	0	.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0	.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0	.00		.00	.000		.00		.00
@PHARMACY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00		.00	.000		.00		.00
SNF/ICF	0	0	.00		.00	.000		.00		.00
OUTPATIENTS	0	0	.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0	.00		.00	.000		.00		.00
	0	0 \$.00	\$.00	.000	\$.00	\$.00
@DENTIST	0			Ą			ې		Ą	
VISITS - DIAGNOSTIC	•	0	.00		.00	.000		.00		.00
ORAL SURGERY	0	0	.00		.00	.000		.00		.00
DRUGS	0	0	.00		.00	.000		.00		.00
ANESTHESIA	0	0	.00		.00	.000		.00		.00
PERIODONTICS	0	0	.00		.00	.000		.00		.00
ENDODONTICS	0	0	.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0	.00		.00	.000		.00		.00
PROSTHETICS	0	0	.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0	.00		.00	.000		.00		.00
	0	0			.00			.00		
SPACE MAINTAINERS	•	0	.00			.000				.00
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0	.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0	.00		.00	.000		.00		.00
	O	U	.00		. 0 0	.000		. 0 0		• 0 0
#CALIF DEPT OF HEALTH SERV	•	ES AND EXPENDITURES		EPORT F			DEC		PA	GE 9,718
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES		EPORT F			DEC		PA	GE 9,718
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE	ES AND EXPENDITURES /DENTAL	MONTH-OF-PAYMENT RI		FOR JAN 2	2004 THRU	DEC		PA	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES	MONTH-OF-PAYMENT RI			2004 THRU 27		2004		GE 9,718
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES /DENTAL ICES FOR MN - SOC	MONTH-OF-PAYMENT RI - BLIND	Z.	FOR JAN 2	2004 THRU 27 M	IONT	2004 HLY AVERA	GE -	GE 9,718 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE	ES AND EXPENDITURES /DENTAL TICES FOR MN - SOC UNITS OF SERVICE	MONTH-OF-PAYMENT RI	AVERA	FOR JAN 2 AID CODE AGE COST	2004 THRU 27 M UNITS/DAY	IONTI	2004 HLY AVERA	GE - C	GE 9,718 03/14/05 OST PER
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES /DENTAL TICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE	MONTH-OF-PAYMENT RI - BLIND EXPENDITURES	AVERA PER U	FOR JAN 2 AID CODE AGE COST JNIT/DAY	27 M UNITS/DAY PER ELIG	IONTI	2004 HLY AVERA COST PER USER	GE - C E	GE 9,718 03/14/05 OST PER LIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @OPTOMETRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES /DENTAL TICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$	MONTH-OF-PAYMENT RI - BLIND EXPENDITURES .00	AVERA	FOR JAN 2 AID CODE AGE COST JNIT/DAY .00	27 M UNITS/DAY PER ELIG .000	IONTI	2004 HLY AVERA COST PER USER .00	GE - C	GE 9,718 03/14/05 OST PER LIGIBLE .00
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	ES AND EXPENDITURES /DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	MONTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00	AVERA PER U	FOR JAN 2 AID CODE AGE COST JNIT/DAY .00 .00	27 M UNITS/DAY PER ELIG .000 .000	IONTI	2004 HLY AVERA COST PER USER .00 .00	GE - C E	GE 9,718 03/14/05 OST PER LIGIBLE .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0	ES AND EXPENDITURES /DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	MONTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00 .00	AVERA PER U	AID CODE AGE COST JNIT/DAY .00 .00 .00	27 M UNITS/DAY PER ELIG .000 .000	IONTI	2004 HLY AVERA COST PER USER .00 .00	GE - C E	GE 9,718 03/14/05 OST PER LIGIBLE .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0	ES AND EXPENDITURES /DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	MONTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00 .00 .00	AVERA PER U \$	AGE COST JNIT/DAY .00 .00 .00	27 M UNITS/DAY PER ELIG .000 .000 .000	IONTI S (;	2004 HLY AVERA COST PER USER .00 .00 .00	GE - C E \$	GE 9,718 03/14/05 OST PER LIGIBLE .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0	ES AND EXPENDITURES /DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	MONTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00 .00	AVERA PER U	AID CODE AGE COST JNIT/DAY .00 .00 .00	27 M UNITS/DAY PER ELIG .000 .000	IONTI	2004 HLY AVERA COST PER USER .00 .00	GE - C E	GE 9,718 03/14/05 OST PER LIGIBLE .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0	ES AND EXPENDITURES /DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	MONTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00 .00 .00	AVERA PER U \$	AGE COST JNIT/DAY .00 .00 .00	27 M UNITS/DAY PER ELIG .000 .000 .000	IONTI S (;	2004 HLY AVERA COST PER USER .00 .00 .00	GE - C E \$	GE 9,718 03/14/05 OST PER LIGIBLE .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0	ES AND EXPENDITURES /DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 \$	MONTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00 .00 .00 .00	AVERA PER U \$	AGE COST JNIT/DAY .00 .00 .00	27 M UNITS/DAY PER ELIG .000 .000 .000 .000	IONTI S (;	2004 HLY AVERA COST PER USER .00 .00 .00 .00	GE - C E \$	GE 9,718 03/14/05 OST PER LIGIBLE .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0	ES AND EXPENDITURES /DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0	MONTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AVERA PER U \$	AGE COST JNIT/DAY .00 .00 .00 .00 .00	27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000	IONTI S (;	2004 HLY AVERAL COST PER USER .00 .00 .00 .00 .00 .00	GE - C E \$	GE 9,718 03/14/05 OST PER LIGIBLE .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0	ES AND EXPENDITURES /DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0	MONTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERA PER U \$	AID CODE AGE COST INIT/DAY .00 .00 .00 .00 .00 .00 .00	27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000	IONTI	2004 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	GE - C E \$	GE 9,718 03/14/05 OST PER LIGIBLE .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES /DENTAL TICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 \$ 0 0 \$ 0 \$ 0 \$ 0 \$	MONTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERA PER U \$	AID CODE AGE COST INIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONTI	2004 HLY AVERAL COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C E \$	GE 9,718 03/14/05 OST PER LIGIBLE .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES /DENTAL TICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0	MONTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERA PER U \$	AID CODE AGE COST JNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00	27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONTI	2004 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	GE - C E \$	GE 9,718 03/14/05 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES /DENTAL TICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	MONTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERA PER U \$	AID CODE AGE COST JNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONTI	2004 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	GE - C E \$	GE 9,718 03/14/05 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES /DENTAL TICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 \$ 0 \$ 0 \$ 0 \$ 0 0 \$ 0 0 0 0	MONTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERA PER U \$	AGE COST JNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00	27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S S	2004 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	E CE \$ \$ \$	GE 9,718 03/14/05 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES /DENTAL TICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 \$ 0 0 \$ 0 0 \$ 0 \$ 0 \$ 0 \$	MONTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERA PER U \$ \$	AGE COST JNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTI S ; ; \$	2004 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	E CE	GE 9,718 03/14/05 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES /DENTAL TICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0	MONTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERA PER U \$	AGE COST JNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	CONTI	2004 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	GE - CE \$ \$ \$ \$	GE 9,718 03/14/05 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES /DENTAL TICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 0	MONTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERA PER U \$ \$	AGE COST JNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTI	2004 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE \$ \$ \$ \$ \$	GE 9,718 03/14/05 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES /DENTAL TICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0	MONTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERA PER U \$ \$	AGE COST JNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	CONTI	2004 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE \$ \$ \$ \$ \$	GE 9,718 03/14/05 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES /DENTAL TICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 0	MONTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERA PER U	AGE COST JNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT; ; ; ; ; ;	2004 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE \$ \$ \$ \$ \$	GE 9,718 03/14/05 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES /DENTAL TICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0	MONTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERA PER U	AGE COST JNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S S S S S S S S S S S S S S S S S S S	2004 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	- C E	GE 9,718 03/14/05 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER @TOTAL HOSPITAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES /DENTAL ICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	MONTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERA PER U	AID CODE AGE COST JNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .	27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT: S S S S S S S S S S S S S S S S S S S	2004 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	- C E	GE 9,718 03/14/05 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES /DENTAL TICES FOR MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0	MONTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERA PER U	AGE COST JNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	27 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT: S S S S S S S S S S S S S S S S S S S	2004 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	- C E	GE 9,718 03/14/05 OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

ACCOMMODATIONS	NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE ALC OTHER ACCOM ANCILLARIES O O O O O O O O O O O O O O O O O O O	ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCM ANCILLARES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
ANCILIARIES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ANCILLARIES	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
MEDICAL	ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
SURGERY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
PATHOLOGY 0 0 0 0 00 00 00 00 00 00 00 00 00 00	MEDICAL	0	0		.00	.00	.000	.00		.00
RADIOLOGY ROOM USE RO	SURGERY	0	0		.00	.00	.000	.00		.00
ROOM USE	PATHOLOGY	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	RADIOLOGY	0	0		.00	.00	.000	.00		.00
COUNTY HOSPITAL TOTAL 0	ROOM USE	0	0		.00	.00	.000	.00		.00
CO HOSPITAL INPATIENT TOTAL	CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	@COUNTY HOSPITAL TOTAL	0	0	\$.00 \$.00	.000 \$.00	\$.00
NON-HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
ANCILLARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS 0 0 0 00 00 0	ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ANCILLARIES	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
MEDICAL 0 0 .00 <td>ALL OTHER INPATIENT</td> <td>0</td> <td>0</td> <td></td> <td>.00</td> <td>.00</td> <td>.000</td> <td>.00</td> <td></td> <td>.00</td>	ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
SURGERY 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
PATHOLOGY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	MEDICAL	0	0		.00	.00	.000	.00		.00
RADIOLOGY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	SURGERY	0	0		.00	.00	.000	.00		.00
ROOM USE 0 0 .00	PATHOLOGY	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	RADIOLOGY	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,719 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05	ROOM USE	0	0		.00	.00	.000	.00		.00
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05	CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
	#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURE	S MONTH-OF	-PAYMENT REPOR	RT FOR JAN 20	04 THRU DEC	2004	PAGE	9,719
PLACER COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27		FEE-FOR-SERVICE/DENTAL							03,	/14/05
	PLACER COUNTY	SUMMARY OF SERVICES FOR	MN - SOC	C - BLIND		AID CODE 2	.7			
MONTHLY AVERAGE								HLY AVERAGI	E	

					MON	THLY AVERAC	jE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH-	-OF-PAYMENT RE	EPORT	FOR JAN 200	4 THRU	DEC	2004	PAGE	9,720
MOP024	FEE-FOR-SERVICE/DENTAL									0	3/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR	MN - S	OC - BLINI)		AID CODE 27					

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$		\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,721
MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

					MON	NTHLY AVERA	.GE
226 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	446	5 , 620	\$ 582,683.65	\$ 103.68	24.867	1306.47	\$ 2578.25
@PHYSICIANS SERVICES	142	999	\$ 42,085.35	\$ 42.13	4.420	296.38	\$ 186.22
OUTPATIENT VISITS	50	91	3,787.83	41.62	.403	75.76	16.76
OFFICE VISITS	29	53	1,425.58	26.90	.235	49.16	6.31
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	22	32	2,221.37	69.42	.142	100.97	9.83
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	6	6	140.88	23.48	.027	23.48	.62
INPATIENT VISITS	24	147	6 , 672.96	45.39	.650	278.04	29.53
HOSPITAL VISITS	24	142	6,114.46	43.06	.628	254.77	27.06
CRITICAL CARE	2	4	486.40	121.60	.018	243.20	2.15
SNF/ICF/TRANS IP CARE	1	1	72.10	72.10	.004	72.10	.32
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.004	46.44	.21

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	1	1		46.44		46.44	.004		46.44		.21
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	12	63		6,225.05		98.81	.279		518.75		27.54
PRINCIPAL SURGEON	8	13		4,337.47		333.65	.058		542.18		19.19
ASSISTANT SURGEON	2	2		558.45		279.23	.009		279.23		2.47
ANESTHESIOLOGIST	4	48		1,329.13		27.69	.212		332.28		5.88
OUTPATIENT SURGERY	9	16		2,388.95		149.31	.071		265.44		10.57
PRINCIPAL SURGEON	7	8		2,162.97		270.37	.035		309.00		9.57
ASSISTANT SURGEON	0	Ō		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	8		225.98		28.25	.035		112.99		1.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	14		162.90		11.64	.062		54.30		.72
RADIOLOGY	53	133		4,016.82		30.20	.588		75.79		17.77
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	7	145		13,994.92		96.52	.642		1999.27		61.92
OTHER SERVICES/ALL X-OVERS	70	389		4,789.48		12.31	1.721		68.42		21.19
@PHARMACY	229	2,386	\$	251,494.97	\$	105.40	10.558	\$	1098.23	\$	1112.81
PRESCRIPTION DRUGS	219	1,576	·	248,892.35		157.93	6.973		1136.49	·	1101.29
SNF/ICF	21	206		12,282.78		59.63	.912		584.89		54.35
OUTPATIENTS	204	1,370		236,609.57		172.71	6.062		1159.85		1046.95
MEDICAL SUPPLIES	23	810		2,602.62		3.21	3.584		113.16		11.52
@DENTIST	23	73	\$	1,452.00	\$.323	\$	63.13	\$	6.42
VISITS - DIAGNOSTIC	16	42		315.00		7.50	.186		19.69		1.39
ORAL SURGERY	3	8		.00		.00	.035		.00		.00
DRUGS	1	1		.00		.00	.004		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	3	3		260.00		86.67	.013		86.67		1.15
RESTORATIVE DENTISTRY	6	19		877.00		46.16	.084		146.17		3.88
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	2	3		.00		.00	.013		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	3CR		.00		.00	.013C	R	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITU	RES M	IONTH-OF-PAYMENT RI	EPOR:	T FOR JAN	2004 THRU	DEC	2004	E	PAGE 9,722
MOP024	FEE-FOR-SERVICE/DENT	AL									03/14/05
PLACER COUNTY	SUMMARY OF SERVICES	FOR MN - S	OC -	DISABLED AID	CODES	S 65 67 61	W 6Y				
							M	ONT	HLY AVERA	GE	

						M	ON'.	LHTA VEKY	GE	
226 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV.	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	6	12	\$ 215.53	\$	17.96	.053	\$	35.92	\$.95
DIAGNOSTIC AND ANC. PROCED	1	1	47.45		47.45	.004		47.45		.21
EYE APPLIANCES	5	11	168.08		15.28	.049		33.62		.74
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	1	3	\$ 16.72	\$	5.57	.013	\$	16.72	\$.07
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	1	3	16.72		5.57	.013		16.72		.07
@HOME HEALTH AGENCY	4	17	\$ 1,231.19	\$	72.42	.075	\$	307.80	\$	5.45
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

NORSE MIDWIFE	U	0	ې -	.00		.00	.000			.00
PEDIATRIC NURSE PRACTITIONER		0	Ş	.00			.000			.00
FAMILY NURSE PRACTITIONER	1	6	\$	108.24		18.04	.027	108.24	\$.48
@TOTAL HOSPITAL	94	956	\$	238,375.01				2535.90		
HOSP INPATIENT TOTAL	26	188		222,563.39		1183.85	.832	8560.13		34.79
HSC HOSPITALS	13	91		101,427.99)	1114.59	.403	7802.15	4 4	18.80
NON-HSC HOSPITAL TOTAL	7	97		114,239.78	3	1177.73	.429	16319.97	5()5.49
ACCOMMODATIONS	7	97		47,725.49)	492.02	.429	6817.93	21	11.17
ADMINISTRATIVE DAYS	0	0		.00)	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00)	.00	.000	.00		.00
ALL OTHER ACCOM	7	97		47,725,49)	492.02	.429	6817.93	2.3	11.17
ANCILLARIES	26 13 7 7 0 0 7 7 10 0 74 18	0		.00 47,725.49 66,514.29)	.00		9502.04		94.31
INPATIENT CROSSOVERS	10	0		6,895.62		.00	.000	689.56		30.51
ALL OTHER INPATIENT	0 74 18	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	7.4	768		15,811.62	,)	20 59	3.398	213 67		59.96
MEDICAL	10	30		1,125.74	I	20.59 37.52	.133	213.67 62.54		4.98
MEDICAL	18 11 33	12		250.88			.133	22.81		
SURGERY	11					20.91	.053			1.11
		249		2,182.74		8.77	1.102	66.14		9.66
RADIOLOGY	30	51		5,271.84		103.37	.226	175.73		23.33
ROOM USE	40	46		1,781.83		38.74	.204	44.55		7.88
CROSSOVERS/ALL OTH OUTPTNT		380		5,198.59		13.68	1.681	101.93		23.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00		.00	.000		Ş	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00)	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00)	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00)	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00				.00
INPATIENT CROSSOVERS	0	Ō		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000			.00
MEDICAL	0	0		.00		.00		.00		.00
SURGERY	0	0		.00		.00	000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00				.00
ROOM USE	0	0					.000	.00		
CROSSOVERS/ALL OTH OUTPINT			IDDO M	.00.		.00	.000	.00	DAGE	.00
#CALIF DEPT OF HEALTH SERV		XPENDITO	IKES M	ONTH-OF-PAYMENT	REPU	RT FOR JAN 2	2004 THRO DE	SC 2004		9,723
MOP024	FEE-FOR-SERVICE/DENTAL			5.7.7.7.7.5		DO 65 67 611	C**		U.S	3/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR	MN - S	30C -	DISABLED AID	COD	ES 65 6/ 6W				
006			_		_			THLY AVERA		
226 ELIGIBLES		F SERVIC		EXPENDITURES		VERAGE COST				PER
		S OF CAR				ER UNIT/DAY		USER		SIBLE
	94	956	\$	238,375.01		249.35		2535.90		
COMM HOSP INPATIENT TOTAL	26	188		222,563.39		1183.85	.832	8560.13		34.79
HSC HOSPITALS	13	91		101,427.99)	1114.59	.403	7802.15	4 4	18.80
NON-HSC HOSPITALS TOTAL	7	97		114,239.78		1177.73	.429	16319.97		5.49
ACCOMMODATIONS	7	97		47,725.49)	492.02	.429	6817.93	2.2	11.17
ADMINISTRATIVE DAYS	0	0		.00)	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	7	97		47,725.49		492.02	.429	6817.93	2.2	11.17
ANCILLARIES	7	0		66,514.29		.00	.000	9502.04		94.31
INPATIENT CROSSOVERS	10	0		6,895.62		.00	.000	689.56		30.51
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	`	.00
2100 O11101(1141111111111	•	O		.00	•	• • • •	• 0 0 0	• 0 0		• • •

0 \$.00 \$.00 \$.00 \$.00

0

NURSE MIDWIFE

COMM HOSP OUTPATIENT TOTAL	74	768		15,811.62		20.59	3.398		213.67		69.96
MEDICAL	18	30		1,125.74		37.52	.133		62.54		4.98
SURGERY	11	12		250.88		20.91	.053		22.81		1.11
PATHOLOGY	33	249		2,182.74		8.77	1.102		66.14		9.66
RADIOLOGY	30	51		5,271.84		103.37	.226		175.73		23.33
ROOM USE	40	46		1,781.83		38.74	.204		44.55		7.88
CROSSOVERS/ALL OTH OUTPINT	51	380		5,198.59		13.68	1.681		101.93		23.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	12	307	\$	24,641.14	\$	80.26	1.358	\$	2053.43	\$	109.03
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	12	307		24,641.14		80.26	1.358		2053.43		109.03
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	5	124	\$	1,157.22	\$	9.33	.549	\$	231.44	\$	5.12
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	5	124		1,157.22		9.33	.549		231.44		5.12
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	17	70	\$	630.85	\$	9.01	.310	\$	37.11	\$	2.79
PATHOLOGY	15	67		612.57		9.14	.296		40.84		2.71
XO AND OTHERS	2	3		18.28		6.09	.013		9.14		.08
@ORGANIZED OUTPATIENT CLINIC	16	27	\$	3,417.93	\$	126.59	.119	\$	213.62	\$	15.12
CLINIC	3	4		188.90		47.23	.018		62.97		.84
SURGICENTER	2	9		665.21		73.91	.040		332.61		2.94
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	11	14		2,563.82		183.13	.062		233.07		11.34
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITU	JRES N	MONTH-OF-PAYMENT RE	EPOR	r for jan	2004 THRU	DEC	2004	PP	AGE 9,724
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR	R MN - S	SOC -	DISABLED AID (CODES	s 65 67 6W	7 6Y				

----- MONTHLY AVERAGE -----226 ELIGIBLES USERS EXPENDITURES UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 59 640 17,857.50 27.90 2.832 \$ 302.67 \$ 79.02 556.30 50.57 111.26 DURABLE MED. EQUIP. 5 11 .049 2.46 0 .00 .00 .000 .00 .00 BLOOD BANK .00 HEARING AID DISPENSERS 0 0 .00 .00 .000 .00 112.38 MEDICAL TRANSPORTATION 13 151 1,460.96 9.68 .668 6.46 AMBULANCES/AIR TRANS 8 27 1,149.51 42.57 .119 143.69 OTHER TRANS 105 270.07 2.57 67.52 1.20 4 .465 OTHER SERVICES 3 19 41.38 2.18 .084 13.79 .18 0 .00 .00 ACUPUNCTURE .00 .000 .00 ADULT DAY HEALTH CARE CTR 5 58 4,035.64 69.58 .257 807.13 17.86 GENETIC DISEASE TESTING Ω Ω .00 .00 .000 .00 .00 12 6,857.25 102.35 IHMC, MODEL-NF, NF, AIDS, MSSP .296 571.44 30.34 OCCUPATIONAL THERAPIST 0 0 .00 .00 .000 .00 .00 OPTICIAN 5 13 121.77 9.37 .058 24.35 .54 PHYSICAL THERAPIST .00 .00 .000 .00 .00

PORTABLE X-RAY	1	1		.56	.56	.004	.56	.00
PROSTHETIST/ORTHOTISTS	1	24		802.96	33.46	.106	802.96	3.55
PROSTHETICS	1	24		802.96	33.46	.106	802.96	3.55
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	6	33		3,518.97	106.64	.146	586.50	15.57
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	22	282		503.09	1.78	1.248	22.87	2.23
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	85	695	\$	16,163.16	\$ 23.26	3.075	\$ 190.15	\$ 71.52
0.4 0.003.1.0 131 0110.00 1 1310.0 3.00 0.11103		TATEODAGAETOA	TERM 033					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,725 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 PLACER COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

						MON	ITHLY AVERA	GE
267 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	285	2,312	\$	584,586.64	\$ 252.85	8.659	2051.18	\$ 2189.46
@PHYSICIANS SERVICES	130	588	\$	29,647.54	\$ 50.42	2.202 \$	228.06	\$ 111.04
OUTPATIENT VISITS	58	75		4,136.21	55.15	.281	71.31	15.49
OFFICE VISITS	19	26		925.95	35.61	.097	48.73	3.47
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	36	42		2,922.33	69.58	.157	81.18	10.95
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERT	2	2		186.79	93.40	.007	93.40	. 70

0.000	4	_		101 14	00.00	010	05 00		2.0
OTHER OUTPATIENT	4 31	5 185		101.14 9,074.99	20.23 49.05	.019	25.29		.38 33.99
INPATIENT VISITS	31					.693	292.74		
HOSPITAL VISITS	31	175		7,489.84	42.80	.655	241.61		28.05
CRITICAL CARE	0	10		1,585.15	158.52	.037	528.38		5.94
SNF/ICF/TRANS IP CARE	ũ .	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000			.00
INPATIENT HOSPITAL SURGERY	19	101		7,523.93	74.49	.378	396.00		28.18
PRINCIPAL SURGEON	16	24		5,506.07	229.42	.090	344.13		20.62
ASSISTANT SURGEON	1	1		185.78	185.78	.004	185.78		.70
ANESTHESIOLOGIST	6	76		1,832.08	24.11	.285	305.35		6.86
OUTPATIENT SURGERY	9	20		981.92	49.10	.075	109.10		3.68
PRINCIPAL SURGEON	7	9		715.95	79.55	.034	102.28		2.68
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	2	11		265.97	24.18	.041	132.99		1.00
DIALYSIS	1	6		339.60	56.60	.022	339.60		1.27
PATHOLOGY	5	8		234.64	29.33	.030	46.93		.88
RADIOLOGY	45	150		5,804.56	38.70	.562	128.99		21.74
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	2	2		12.93	6.47	.007	6.47		.05
OTHER SERVICES/ALL X-OVERS	24	41		1,538.76	37.53	.154			5.76
@PHARMACY	49	186	\$	249,183.84	\$ 1339.70		\$ 5085.38	\$	933.27
PRESCRIPTION DRUGS	46	178		17,201.68	96.64	.667	373.95		64.43
SNF/ICF	13	104		4,472.28	43.00	.390	344.02		16.75
OUTPATIENTS	33	7.4		12,729.40	172.02	.277	385.74		47.68
MEDICAL SUPPLIES	6	8		231,982.16	28997.77	.030	38663.69		868.85
@DENTIST	42	197	Ś				\$ 215.17	Ś	
VISITS - DIAGNOSTIC	32	104	т.	738.00	7.10	.390	23.06	7	2.76
ORAL SURGERY	9	27		748.55	27.72	.101	83.17		2.80
DRUGS	1	1		.00	.00	.004	.00		.00
ANESTHESIA	0	0		.00	.00	.000			.00
PERIODONTICS	0	0		.00	.00	.000	0.0		.00
ENDODONTICS	7	13		3,657.00	281.31	.049	522.43		13.70
RESTORATIVE DENTISTRY	14	50		3,893.58	77.87	.187	278.11		14.58
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	1	2		.00	.00	.007			.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
	0	0		.00			.00		
ALL OTHER SERVICES		-	IDEC		.00	.000		-	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		IKES	MONTH-OF-PAYMENT R	EPORT FOR JAN	∠UU4 THRU	DEC 2004	P	PAGE 9,726
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05

267 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 5 \$ 123.23 \$ 24.65 .019 \$ 61.62 \$.46 80.38 40.19 40.19 .30 DIAGNOSTIC AND ANC. PROCED .007 EYE APPLIANCES 42.85 14.28 .011 42.85 .16 .00 OTHER OPTOMETRIC SERVICES 0 0 .00 .000 .00 .00 .00 \$.00 .00 \$.00 @CHIROPRACTOR .000 \$.00 .00 VISITS 0 0 .00 .000 .00 .000 OTHER SERVICES 0 0 .00 .00

42.48 \$

8.50

----- MONTHLY AVERAGE -----

8.50 \$

.16

.019 \$

SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

PLACER COUNTY

@PODIATRIST

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	5	5	42.48	8.50	.019	8.50	.16
@HOME HEALTH AGENCY	4	15 \$	1,033.44	\$ 68.90	.056 \$		\$ 3.87
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$		\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$		\$.00
	0	0 \$.00				
PEDIATRIC NURSE PRACTITIONER	0						
FAMILY NURSE PRACTITIONER		0 \$		\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	109	704 \$		\$ 359.25	2.637 \$		
HOSP INPATIENT TOTAL	36	174	226,358.38	1300.91	.652	6287.73	847.78
HSC HOSPITALS	21	107	113,690.20	1062.53	.401	5413.82	425.81
NON-HSC HOSPITAL TOTAL	16	67	112,668.18	1681.61	.251	7041.76	421.98
ACCOMMODATIONS	16	67	43,717.83	652.50	.251	2732.36	163.74
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	16	67	43,717.83	652.50	.251	2732.36	163.74
ANCILLARIES	16	0	68,950.35	.00	.000	4309.40	258.24
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	82	530	26,556.36	50.11	1.985	323.86	99.46
MEDICAL	17	27	1,850.27	68.53	.101	108.84	6.93
SURGERY	7	8	171.06	21.38	.030	24.44	.64
PATHOLOGY	39	182	1,486.26	8.17	.682	38.11	5.57
RADIOLOGY	31	59	6,178.89	104.73	.221	199.32	23.14
ROOM USE	56	67	1,710.48	25.53	.251	30.54	6.41
	47	187		81.07	.700	322.54	56.78
CROSSOVERS/ALL OTH OUTPTNT	0		15,159.40				
@COUNTY HOSPITAL TOTAL		0 \$.00	\$.00	.000 \$		•
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	Ü	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
	MEDI-CAL SERVIC	ES AND EXPENDITURES I	MONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 9,727
MOP024	FEE-FOR-SERVICE						03/14/05
PLACER COUNTY		ICES FOR MN - SOC -	FAMILIES AID CODE	5R 6R 37			
	***************************************				MON	THLY AVERA	GE
267 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	109	704 \$	252,914.74	\$ 359.25		2320.32	
COMM HOSP INPATIENT TOTAL	36	174	226,358.38	1300.91	.652	6287.73	847.78
HSC HOSPITALS	21	107	113,690.20	1062.53	.401	5413.82	425.81
NON-HSC HOSPITALS TOTAL	16	67	112,668.18	1681.61	.251	7041.76	421.98
ACCOMMODATIONS	16	67	43,717.83	652.50	.251	2732.36	163.74
ACCOMMODALLONS	Τ.0	0 /	43, /1/.03	032.30	. 4.71	2132.30	103.74

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	16	67		43,717.83		652.50	.251		2732.36		163.74
ANCILLARIES	16	0		68,950.35		.00	.000		4309.40		258.24
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	82	530		26,556.36		50.11	1.985		323.86		99.46
MEDICAL	17	27		1,850.27		68.53	.101		108.84		6.93
SURGERY	7	8		171.06		21.38	.030		24.44		.64
PATHOLOGY	39	182		1,486.26		8.17	.682		38.11		5.57
RADIOLOGY	31	59		6,178.89		104.73	.221		199.32		23.14
ROOM USE	56	67		1,710.48		25.53	.251		30.54		6.41
CROSSOVERS/ALL OTH OUTPTNT	47	187		15,159.40		81.07	.700		322.54		56.78
@STATE HOSPITAL	0	0	\$.00	Ś	.00	.000	Ś		Ś	.00
MENTALLY ILL	0	0	Ψ	.00	Υ	.00	.000	Υ	.00	Ψ.	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	10	335	\$	32,720.00	Ś	97.67	1.255	Ś	3272.00	Ś	122.55
LEV A-INTERMEDIATE	0	0	Ψ	.00	Υ	.00	.000	Υ	.00	Ψ.	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	10	335		32,720.00		97.67	1.255		3272.00		122.55
@INTERMEDIATE CARE FACILDD	0	0	\$.00	Ś	.00	.000	Ċ		Ś	.00
ICF DDH	0	0	Ÿ	.00	Y	.00	.000	Y	.00	Y	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DD ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	Ś	.00	.000	Ċ	.00	Ś	.00
HOSPITAL BASED	0	0	Þ	.00	Ą	.00	.000	Þ	.00	Ş	.00
	0	0									
HEMODIALYSIS CENTER	0	0	Ċ	.00	ć	.00	.000	<u>~</u>	.00	Ċ	.00
@REHABILITATION FACILITY	U	0	\$.00	\$.00	.000	Þ		\$.00
HOSPITAL BASED	0	•		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	· ·	0	<u> </u>	.00	<u> </u>	.00	.000	<u>^</u>	.00	<u> </u>	.00
@LABORATORY FACILITY	12	46	\$	650.77	\$	14.15	.172	Ş		\$	2.44
PATHOLOGY	12	46		650.77		14.15	.172		54.23		2.44
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	11	17	\$	3,121.89	\$	183.64	.064	Ş	283.81	Ş	11.69
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	11	17		3,121.89		183.64	.064		283.81		11.69
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		IRES	MONTH-OF-PAYMENT R	EPOR	I FOR JAN	2004 THRU	DEC	2004	P	AGE 9,728
MOP024	FEE-FOR-SERVICE/DENT	AL									03/14/05

----- MONTHLY AVERAGE -----UNITS OF SERVICE 267 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 16 214 \$ 6,111.58 \$ 28.56 .801 \$ 381.97 \$ 22.89 46.16 .007 .00 .000 .00 .000 29.15 .768 17.26 .479 DURABLE MED. EQUIP. 1 92.32 46.16 .007 92.32 .35 0 .00 .00 .00 BLOOD BANK 0 0 .00 HEARING AID DISPENSERS .00 .00 497.95 5,975.38 MEDICAL TRANSPORTATION 12 205 22.38 9 128 245.47 2,209.22 8.27 AMBULANCES/AIR TRANS 2,209.22 166.16 2.22 3,600.00 1800.00 OTHER TRANS 3 75 55.39 .62 .281 OTHER SERVICES 2 .007 1800.00 13.48 ACUPUNCTURE .000 .00 .00

SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

PLACER COUNTY

0	0		.00		.00	.000	.00)	.00
0	0		.00		.00	.000	.00)	.00
0	0		.00		.00	.000	.00)	.00
0	0		.00		.00	.000	.00)	.00
2	4		38.54		9.64	.015	19.27		.14
0	0		.00		.00	.000	.00)	.00
1	2		.14		.07	.007	.14		.00
0	0		.00		.00	.000	.00)	.00
0	0		.00		.00	.000	.00)	.00
0	0		.00		.00	.000	.00)	.00
0	0		.00		.00	.000	.00)	.00
0	0		.00		.00	.000	.00)	.00
0	0		.00		.00	.000	.00)	.00
0	0		.00		.00	.000	.00)	.00
1	1		5.20		5.20	.004	5.20)	.02
0	0		.00		.00	.000	.00)	.00
0	0		.00		.00	.000	.00)	.00
0	0		.00		.00	.000	.00)	.00
0	0		.00		.00	.000	.00)	.00
8	174	\$	253,384.69	\$ 145	6.23	.652	\$ 31673.09	\$	949.01
8	9	\$	73.00	\$	8.11	.034	\$ 9.13	\$.27
	0 0 0 0 2 0 1 0 0 0 0 0 0 0 1 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 .00 0 0 .00 0 0 .00 2 4 38.54 0 0 .00 1 2 .14 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00	0 0 .00 0 0 .00 0 0 .00 2 4 38.54 0 0 .00 1 2 .14 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00	0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 2 4 38.54 9.64 0 0 .00 .00 1 2 .14 .07 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0	0 0 .00 .00<	0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 2 4 38.54 9.64 .015 19.27 0 0 .00 .00 .000 .000 1 2 .14 .07 .007 .14 0 0 .00 .00 .000 .000 .000 0 0 .00 .00 .000 .000 .000 .000 0 0 .00 .00 .000 .000 .000 .000 0 0 .00 .00 .000 .000 .000 .000 0 0 .00 .00 .000 .000 .000 .000 0 0 .00 .00 .000 .000 .000 .000 0 0 .00 .00 .000 .000 .000 .000 0 0 .00 .0	0 0 .00 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .00 2 4 38.54 9.64 .015 19.27 0 0 .00 .00 .000 .00 1 2 .14 .07 .007 .14 0 0 .00 .00 .000 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 <td< td=""></td<>

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

SUMMARY OF SERVICES FOR MN - SOC - TOTAL

PLACER COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,729
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

----- MONTHLY AVERAGE -----USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER 705 ELIGIBLES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1,064 1,474,198.67 \$ 97.43 21.462 \$ 1385.53 \$ 2091.06 @TOTAL, ALL PROVIDERS 15,131 \$ 311 @PHYSICIANS SERVICES 1,917 73,633.72 \$ 38.41 2.719 \$ 236.76 \$ 104.44 45.04 .255 26.37 .130 180 45.04 26.37 119 11.50 OUTPATIENT VISITS 8,106.76 68.12 58 .130 .00 .000 70.02 .106 .00 .000 93.40 .003 22.00 .016 47.42 .471 42.92 92 OFFICE VISITS 2,426.17 41.83 0 .00 .00 0 .00 HOME VISITS 75 0 5,251.78 EMERGENCY ROOM 59 89.01 7.45 0 2 10 56 11 332 318 14 .00 .00 PREVENTIVE CARE .00 186.79 93.40 OB VISITS/COMPRE PERI OTHER OUTPATIENT 242.02 24.20 .34 281.15 7.42 42.92 147.97 .02 .00 .000 46.44 .001 .00 .000 .233 .052 15,744.18 INPATIENT VISITS 22.33 243.70 HOSPITAL VISITS 13,647.43 19.36 2,071.55 25.20 CRITICAL CARE 5 414.31 2.94 0 SNF/ICF/TRANS IP CARE 25.20 .04 46.44 OPHTHALMOLOGICAL SERVICES 46.44 EXAMINATIONS 46.44 46.44 .07 164 37 0 SERVICES AND MATERIALS .00 .00 .00 31 13,748.98 INPATIENT HOSPITAL SURGERY 443.52 19.50 24 744.23 410.15 9,843.54 13.96 PRINCIPAL SURGEON 3 3 248.08 .004 248.08 ASSISTANT SURGEON 1.06 10 18 14 ANESTHESIOLOGIST 124 25.49 .176 316.12 3,161.21 18 36 OUTPATIENT SURGERY 3,370.87 93.64 .051 187.27 4.78 17 2,878.92 169.35 .024 205.64 PRINCIPAL SURGEON 4.08 0 .00 .00 .000 ASSISTANT SURGEON 19 .009 122.99 ANESTHESIOLOGIST 4 491.95 25.89 .70 6 339.60 339.60 DIALYSIS 56.60 .48 PATHOLOGY 397.54 18.07 .031 49.69

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	99	284	10,032.51	35.33	.403	101.34	14.23
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	11	387	14,490.02	37.44	.549	1317.27	20.55
OTHER SERVICES/ALL X-OVERS	122	505	7,356.82	14.57	.716	60.30	10.44
@PHARMACY	484	6,114 \$	576,951.84		8.672 \$	1192.05	
PRESCRIPTION DRUGS	468	2,753	340,494.44	123.68	3.905	727.55	482.97
SNF/ICF	96	681	32,338.30	47.49	.966	336.86	45.87
OUTPATIENTS	383	2,072	308,156.14	148.72	2.939	804.59	437.10
MEDICAL SUPPLIES	49	3,361	236,457.40	70.35	4.767	4825.66	335.40
@DENTIST	97	383 \$	•	\$ 37.35	.543 \$		
VISITS - DIAGNOSTIC	72	209	1,905.00	9.11	.296	26.46	2.70
ORAL SURGERY	16	42	838.55	19.97	.060	52.41	1.19
DRUGS	2	2	.00	.00	.003	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	10	16	3,917.00	244.81	.023	391.70	5.56
RESTORATIVE DENTISTRY	23	83	5,029.58	60.60	.118	218.68	7.13
PROSTHETICS	1	1	30.00	30.00	.001	30.00	.04
DENTURES, STAYPLATES	12	33	2,585.00	78.33	.047	215.42	3.67
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	3CR	.00	.00	.004CR	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU DEC	2004	PAGE 9,730
MOP024	FEE-FOR-SERVICE/DE	ENTAL					03/14/05
PLACER COUNTY	SUMMARY OF SERVICE	ES FOR MN - SOC - T	OTAL				
					MONT	THLY AVERA	GE
705 ELIGIBLES	USERS UN	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	10	23 \$	492.43	\$ 21.41	.033 \$	49.24	\$.70
DIAGNOSTIC AND ANC. PROCED	3	3	127.83	42.61	.004	42.61	.18

EYE APPLIANCES	8	20		317.15		15.86	.028		39.64		.45
OTHER OPTOMETRIC SERVICES	1	0		47.45		.00	.000		47.45		.07
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	7	9	\$	65.16	\$	7.24	.013	Ś	9.31	Ś	.09
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	7	9		65.16		7.24	.013		9.31		.09
	,	32	ċ	2,264.63	\$	70.77		ċ	283.08	ċ	3.21
@HOME HEALTH AGENCY	0	0	\$	-			.045	\$			
NURSE ANESTHESIST	0		\$.00	\$.00	.000	\$		\$.00
NURSE MIDWIFE	•	0	\$.00	\$.00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	Ş	.00	.000	\$.00		.00
FAMILY NURSE PRACTITIONER	1	6	\$	108.24	\$	18.04	.009	\$		\$.15
@TOTAL HOSPITAL	228	1,828	\$	498,731.69	\$	272.83	2.593	\$	2187.42	\$	707.42
HOSP INPATIENT TOTAL	68	362		453 , 271.46		1252.13	.513		6665.76		642.94
HSC HOSPITALS	34	198		215,118.19		1086.46	.281		6327.01		305.13
NON-HSC HOSPITAL TOTAL	23	164		226,907.96		1383.59	.233		9865.56		321.86
ACCOMMODATIONS	23	164		91,443.32		557.58	.233		3975.80		129.71
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	23	164		91,443.32		557.58	.233		3975.80		129.71
ANCILLARIES	23	0		135,464.64		.00	.000		5889.77		192.15
INPATIENT CROSSOVERS	16	0		11,245.31		.00	.000		702.83		15.95
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	175	1,466		45,460.23		31.01	2.079		259.77		64.48
MEDICAL	35	57		-		52.21	.081		85.03		4.22
	18	20		2,976.01							
SURGERY				421.94		21.10	.028		23.44		.60
PATHOLOGY	73	447		3,714.62		8.31	.634		50.89		5.27
RADIOLOGY	61	110		11,450.73		104.10	.156		187.72		16.24
ROOM USE	96	113		3,492.31		30.91	.160		36.38		4.95
CROSSOVERS/ALL OTH OUTPTNT	116	719		23,404.62		32.55	1.020		201.76		33.20
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
	0	0									
SURGERY	0	-		.00		.00	.000		.00		.00
PATHOLOGY	U	0		.00		.00	.000		.00		.00
RADIOLOGY	U	0		.00		.00	.000		.00		.00
ROOM USE	U	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		JRES N	MONTH-OF-PAYMENT RE	EPOR'	r for Jan	2004 THRU	DEC	2004	PF	AGE 9,731
MOP024	FEE-FOR-SERVICE/DENTA										03/14/05
PLACER COUNTY	SUMMARY OF SERVICES E	TOR MN - S	SOC -	TOTAL							
							N	TIMON	HILY AVERA	CF -	

		OR DAYS OF CARE	,		חשם	R UNIT/DAY	ספס פודר		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	228	1,828	\$	498,731.69	\$				2187.42		707.42
COMM HOSP INPATIENT TOTAL	68	362	٧	453,271.46		1252.13	.513	Ψ	6665.76	۲	642.94
HSC HOSPITALS	34	198		215,118.19		1086.46	.281		6327.01		305.13
NON-HSC HOSPITALS TOTAL	23	164		226,907.96		1383.59	.233		9865.56		321.86
ACCOMMODATIONS	23	164		91,443.32		557.58	.233		3975.80		129.71
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	23	164		91,443.32		557.58	.233		3975.80		129.71
ANCILLARIES	23	0		135,464.64		.00	.000		5889.77		192.15
INPATIENT CROSSOVERS	16	0		11,245.31		.00	.000		702.83		15.95
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	175	1,466		45,460.23		31.01	2.079		259 77		64.48
MEDICAL	35	57		2,976.01		52.21	.081		85.03		4.22
SURGERY	18	20		421.94		21.10	.028		23.44		.60
PATHOLOGY	73	447		3,714.62		8.31	.634		50.89		5.27
RADIOLOGY	61	110		11,450.73		104.10 30.91	.156		187.72		16.24
ROOM USE	96	113		3,492.31		30.91	.160		36.38		4.95
CROSSOVERS/ALL OTH OUTPTNT	116	719		23,404.62		32.55	1.020		201.76		33.20
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$		\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	91	2,669	\$	235,888.06	\$			\$	2592.18	\$	334.59
LEV A-INTERMEDIATE	1	53		4,201.43		79.27	.075		4201.43		5.96
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	90	2,616		231,686.63		88.57	3.711		2574.30		328.63
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	5	124	\$	1,157.22	\$	9.33	.176	\$	231.44	\$	1.64
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	5	124		1,157.22		9.33	.176		231.44		1.64
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	29	116	\$	1,281.62	\$.165	\$		\$	1.82
PATHOLOGY	27	113		1,263.34		11.18	.160		46.79		1.79
XO AND OTHERS	2	3		18.28		6.09	.004		9.14		.03
@ORGANIZED OUTPATIENT CLINIC	30	53	\$	7,741.14		146.06	.075	\$		\$	10.98
CLINIC	3	4		188.90		47.23	.006		62.97		.27
SURGICENTER	2	9		665.21		73.91	.013		332.61		.94
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC				6,887.03							
#CALIF DEPT OF HEALTH SERV			RES I	MONTH-OF-PAYMENT R	REPORT	r for Jan :	2004 THRU	DEC	2004	Р	AGE 9,732
MOP024	FEE-FOR-SERVICE		_								03/14/05
PLACER COUNTY	SUMMARY OF SERV	/ICES FOR MN - SC)C -	TOTAL						~-	
705 81 1618186	HORDS		,		7.7.	1D3.0E 00.0E	M				
705 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES							COST PER
CALL OHUED DDOMINED	101	OR DAYS OF CARE		(1 [77 70		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	124	1,857	Þ	61,577.79				Þ	496.60	Ş	
DURABLE MED. EQUIP.	7 0	94		3,645.62		38.78	.133		520.80		5.17
BLOOD BANK	U	U		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	36	473		8 , 257.75	17.46	.671	229.38	11.71
AMBULANCES/AIR TRANS	21	173		3,805.84	22.00	.245	181.23	5.40
OTHER TRANS	13	276		795.81	2.88	.391	61.22	1.13
OTHER SERVICES	7	24		3,656.10	152.34	.034	522.30	5.19
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	22	256		17,255.84	67.41	.363	784.36	24.48
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	20	189		14,606.20	77.28	.268	730.31	20.72
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	13	35		374.61	10.70	.050	28.82	.53
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	3	4		1.38	.35	.006	.46	.00
PROSTHETIST/ORTHOTISTS	1	24		802.96	33.46	.034	802.96	1.14
PROSTHETICS	1	24		802.96	33.46	.034	802.96	1.14
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1		7.07	7.07	.001	7.07	.01
SPEECH AND AUDIOLOGY	3	3		1,160.36	386.79	.004	386.79	1.65
HOSPICE SERVICES	8	132		14,767.35	111.87	.187	1845.92	20.95
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1		5.20	5.20	.001	5.20	.01
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	26	645		693.45	1.08	.915	26.67	.98
@CALIF. CHILDREN SERVICES*	8	174	\$	253,384.69	\$ 1456.23	.247	\$ 31673.09	\$ 359.41
@XOVER EXCLUDING STATE HOSP**	161	937	\$	27,659.86	\$ 29.52	1.329	\$ 171.80	\$ 39.23
Q+ MOMATO THE MURCE TIMES ARE CT	TENT AC A CEDADAME	TATEODAAMETON	TERM ONT	37 -				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,733
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13	

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					MON	THLY AVERA	GE
7,258 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	7,763	274 , 273 \$	21,355,612.39	\$ 77.86	37.789 \$	2750.95	\$ 2942.35
@PHYSICIANS SERVICES	614	1 , 009 \$	14,095.04	\$ 13.97	.139 \$	22.96	\$ 1.94
OUTPATIENT VISITS	5	5	58.30	11.66	.001	11.66	.01
OFFICE VISITS	5	5	58.30	11.66	.001	11.66	.01
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	16	18	396.50	22.03	.002	24.78	.05
HOSPITAL VISITS	4	4	27.50	6.88	.001	6.88	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	12	14	369.00	26.36	.002	30.75	.05
OPHTHALMOLOGICAL SERVICES	1	1	20.00	20.00	.000	20.00	.00
EXAMINATIONS	1	1	20.00	20.00	.000	20.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	1	1	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	1	1		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	1	1		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		.00		.00	.000		.00		.00
RADIOLOGY	4	4		256.77		64.19	.001		64.19		.04
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	588	978		13,363.47		13.66	.135		22.73		1.84
@PHARMACY	6,036	51 , 978	\$		\$	35.17	7.161	\$	302.85	\$	251.86
PRESCRIPTION DRUGS	5 , 993	36 , 506		1,780,659.90		48.78	5.030		297.12		245.34
SNF/ICF	5 , 585	34 , 375		1,705,188.00		49.61	4.736		305.32		234.94
OUTPATIENTS	506	2,131		75,471.90		35.42	.294		149.15		10.40
MEDICAL SUPPLIES	441	15,472		47,371.89		3.06	2.132		107.42		6.53
@DENTIST	387	790	\$	53,903.75	\$	68.23	.109	\$	139.29	\$	7.43
VISITS - DIAGNOSTIC	339	533		14,162.75		26.57	.073		41.78		1.95
ORAL SURGERY	53	89		3,670.00		41.24	.012		69.25		.51
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	7	7		1,400.00		200.00	.001		200.00		.19
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	5	9		437.00		48.56	.001		87.40		.06
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	61	149		34,234.00		229.76	.021		561.21		4.72
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	2	3		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITUR	RES MO	.00 ONTH-OF-PAYMENT RE	EPOR:			DEC		P.	AGE 9,734
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITUF E/DENTAL		ONTH-OF-PAYMENT RE	EPOR'	r for Jan 2	2004 THRU	DEC		PA	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITUR		ONTH-OF-PAYMENT RE	EPOR'		2004 THRU 13		2004		AGE 9,734 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SER	CES AND EXPENDITUF E/DENTAL VICES FOR MN - LO	NG TI	ONTH-OF-PAYMENT RE		FOR JAN 2	2004 THRU 13 M	ONT	2004 HLY AVERA	GE -	AGE 9,734 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITURE/DENTAL VICES FOR MN - LO UNITS OF SERVICE	ONG TI	ONTH-OF-PAYMENT RE	AVI	F FOR JAN : AID CODE ERAGE COST	2004 THRU 13 M UNITS/DAY	ONT	2004 HLY AVERA COST PER	GE -	AGE 9,734 03/14/05 COST PER
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 7,258 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	CES AND EXPENDITURE/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE	ONG TI	ONTH-OF-PAYMENT RE ERM CARE - AGED EXPENDITURES	AVI PEI	FOR JAN : AID CODE ERAGE COST R UNIT/DAY	2004 THRU 13 M UNITS/DAY PER ELIG	ONT S	2004 HLY AVERA COST PER USER	GE - (AGE 9,734 03/14/05 COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 7,258 ELIGIBLES @OPTOMETRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	CES AND EXPENDITURE/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE 297	ONG TI	ONTH-OF-PAYMENT RE ERM CARE - AGED EXPENDITURES 5,773.95	AVI	F FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 19.44	13 M UNITS/DAY PER ELIG .041	ONT S	2004 HLY AVERA COST PER USER 45.46	GE - (AGE 9,734 03/14/05 COST PER ELIGIBLE .80
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 7,258 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 127 26	CES AND EXPENDITURE/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE 297 27	ONG TI	ONTH-OF-PAYMENT REERM CARE - AGED EXPENDITURES 5,773.95 415.41	AVI PEI	FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 19.44 15.39	13 M UNITS/DAY PER ELIG .041 .004	ONT S	2004 HLY AVERA COST PER USER 45.46 15.98	GE - (AGE 9,734 03/14/05 COST PER ELIGIBLE .80 .06
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 7,258 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 127 26 82	CES AND EXPENDITURE/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE 297 27 241	ONG TI	ONTH-OF-PAYMENT REERM CARE - AGED EXPENDITURES 5,773.95 415.41 4,140.12	AVI PEI	FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 19.44 15.39 17.18	13 M UNITS/DAY PER ELIG .041 .004 .033	ONT S	2004 HLY AVERA COST PER USER 45.46 15.98 50.49	GE - (AGE 9,734 03/14/05 COST PER ELIGIBLE .80 .06 .57
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 7,258 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 127 26 82 20	CES AND EXPENDITURE/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE 297 27 241 29	DNG TI	ONTH-OF-PAYMENT REERM CARE - AGED EXPENDITURES 5,773.95 415.41 4,140.12 1,218.42	AVI PEI \$	FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 19.44 15.39 17.18 42.01	13 M UNITS/DAY PER ELIG .041 .004 .033 .004	ONT S \$	2004 HLY AVERA COST PER USER 45.46 15.98 50.49 60.92	GE - (F \$	AGE 9,734 03/14/05 COST PER ELIGIBLE .80 .06 .57 .17
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 7,258 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 127 26 82 20 0	CES AND EXPENDITURE/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE 297 27 241 29 0	ONG TI	ONTH-OF-PAYMENT REERM CARE - AGED EXPENDITURES 5,773.95 415.41 4,140.12 1,218.42 .00	AVI PEI	FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 19.44 15.39 17.18 42.01 .00	13 M UNITS/DAY PER ELIG .041 .004 .033 .004 .000	ONT S \$	2004 HLY AVERA COST PER USER 45.46 15.98 50.49 60.92 .00	GE - (F \$	AGE 9,734 03/14/05 COST PER ELIGIBLE .80 .06 .57 .17
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 7,258 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 127 26 82 20 0 0	CES AND EXPENDITURE/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE 297 27 241 29 0 0	DNG TI	ONTH-OF-PAYMENT REERM CARE - AGED EXPENDITURES 5,773.95 415.41 4,140.12 1,218.42 .00 .00	AVI PEI \$	FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 19.44 15.39 17.18 42.01 .00 .00	13 M UNITS/DAY PER ELIG .041 .004 .033 .004 .000	ONT S \$	2004 HLY AVERA COST PER USER 45.46 15.98 50.49 60.92 .00 .00	GE - (F \$	AGE 9,734 03/14/05 COST PER ELIGIBLE .80 .06 .57 .17 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 7,258 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 127 26 82 20 0 0 0	CES AND EXPENDITURE/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE 297 27 241 29 0 0 0	ONG THE	ONTH-OF-PAYMENT REERM CARE - AGED EXPENDITURES 5,773.95 415.41 4,140.12 1,218.42 .00 .00 .00	AVI PEI \$	FOR JAN 2 AID CODE ERAGE COST R UNIT/DAY 19.44 15.39 17.18 42.01 .00 .00 .00	13 M UNITS/DAY PER ELIG .041 .004 .033 .004 .000 .000	ONT S \$	2004 HLY AVERA COST PER USER 45.46 15.98 50.49 60.92 .00 .00	GE - (; \$	AGE 9,734 03/14/05 COST PER ELIGIBLE .80 .06 .57 .17 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 7,258 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 127 26 82 20 0 0 0 761	CES AND EXPENDITURE/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE 297 27 241 29 0 0 0 0 820	DNG TI	ONTH-OF-PAYMENT RE ERM CARE - AGED EXPENDITURES 5,773.95 415.41 4,140.12 1,218.42 .00 .00 .00 6,573.60	AVI PEI \$	F FOR JAN 3 AID CODE ERAGE COST R UNIT/DAY 19.44 15.39 17.18 42.01 .00 .00 .00 8.02	13 M UNITS/DAY PER ELIG .041 .004 .033 .004 .000 .000	ONT S \$	2004 HLY AVERA COST PER USER 45.46 15.98 50.49 60.92 .00 .00 .00 8.64	GE - (; \$	AGE 9,734 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 7,258 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 127 26 82 20 0 0 0 761 0	CES AND EXPENDITURE/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE 297 27 241 29 0 0 0 820 0	ONG THE	ONTH-OF-PAYMENT REERM CARE - AGED EXPENDITURES 5,773.95 415.41 4,140.12 1,218.42 .00 .00 .00 6,573.60 .00	AVI PEI \$	F FOR JAN 3 AID CODE ERAGE COST R UNIT/DAY 19.44 15.39 17.18 42.01 .00 .00 .00 8.02 .00	13 M UNITS/DAY PER ELIG .041 .004 .033 .004 .000 .000 .113	ONT S \$	2004 HLY AVERA COST PER USER	GE - (; \$	AGE 9,734 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 7,258 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 127 26 82 20 0 0 0 761	CES AND EXPENDITURE/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE 297 27 241 29 0 0 0 0 820	ONG THE	ONTH-OF-PAYMENT REERM CARE - AGED EXPENDITURES 5,773.95 415.41 4,140.12 1,218.42 .00 .00 .00 6,573.60 .00 .00	AVI PEI \$	F FOR JAN 3 AID CODE ERAGE COST R UNIT/DAY 19.44 15.39 17.18 42.01 .00 .00 .00 8.02 .00 .00 .00	13 M UNITS/DAY PER ELIG .041 .004 .033 .004 .000 .000 .113 .000	ONT S \$	2004 HLY AVERA COST PER USER 45.46 15.98 50.49 60.92 .00 .00 .00 8.64 .00 .00	GE - (; \$	AGE 9,734 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 7,258 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 127 26 82 20 0 0 0 761 0 0 0 0	CES AND EXPENDITURE/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE 297 27 241 29 0 0 0 820 0 0 0	ONG THE	ONTH-OF-PAYMENT REERM CARE - AGED EXPENDITURES 5,773.95 415.41 4,140.12 1,218.42 .00 .00 .00 6,573.60 .00 .00 .00 .00	AVI PEI \$	AID CODE ERAGE COST R UNIT/DAY 19.44 15.39 17.18 42.01 .00 .00 .00 8.02 .00 .00 .00 .00	13 M UNITS/DAY PER ELIG .041 .004 .033 .004 .000 .000 .113 .000	ONT S \$	2004 HLY AVERA COST PER USER	GE - (; \$	AGE 9,734 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 7,258 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 127 26 82 20 0 0 0 761 0 0 761 0 761	CES AND EXPENDITURE/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE 297 27 241 29 0 0 0 820 0 0	ONG THE	ONTH-OF-PAYMENT RE ERM CARE - AGED EXPENDITURES 5,773.95 415.41 4,140.12 1,218.42 .00 .00 .00 6,573.60 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVI PEI \$	FOR JAN 3 AID CODE ERAGE COST R UNIT/DAY 19.44 15.39 17.18 42.01 .00 .00 .00 .00 8.02 .00 .00 .00 8.02	13 M UNITS/DAY PER ELIG .041 .004 .003 .004 .000 .000 .000 .113 .000	ONT S \$	2004 HLY AVERA COST PER USER	GE - () F S S S S	AGE 9,734 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 7,258 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 127 26 82 20 0 0 0 761 0 0 0 0	CES AND EXPENDITURE/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE 297 27 241 29 0 0 0 0 820 0 0 820	ONG THE	ONTH-OF-PAYMENT REERM CARE - AGED EXPENDITURES 5,773.95 415.41 4,140.12 1,218.42 .00 .00 .00 6,573.60 .00 .00 .00 .00	AVI PEI \$	AID CODE ERAGE COST R UNIT/DAY 19.44 15.39 17.18 42.01 .00 .00 .00 8.02 .00 .00 .00 .00	13 M UNITS/DAY PER ELIG .041 .004 .033 .004 .000 .000 .000 .113 .000 .000 .113 .000	ONT S \$ \$	2004 HLY AVERA COST PER USER	GE - (; \$	AGE 9,734 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 7,258 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 127 26 82 20 0 0 0 761 0 0 761 0 761 0	CES AND EXPENDITURE/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE 297 27 241 29 0 0 0 820 0 0 820 0	ONG THE	ONTH-OF-PAYMENT REERM CARE - AGED EXPENDITURES 5,773.95 415.41 4,140.12 1,218.42 .00 .00 .00 6,573.60 .00 .00 6,573.60 .00 .00 6,573.60 .00 .00	AVI PEI \$	FOR JAN 3 AID CODE ERAGE COST R UNIT/DAY 19.44 15.39 17.18 42.01 .00 .00 .00 .00 8.02 .00 .00 8.02 .00 .00 .00	13 M UNITS/DAY PER ELIG .041 .004 .003 .004 .000 .000 .000 .113 .000	ONT S \$ \$	2004 HLY AVERA COST PER USER 45.46 15.98 50.49 60.92 .00 .00 .00 8.64 .00 .00 8.64 .00	GE - () ; \$ \$ \$ \$	AGE 9,734 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 7,258 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 127 26 82 20 0 0 0 761 0 0 761 0 0 761 0 0 0 761 0 0 0 761 0 0	CES AND EXPENDITURE/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE 297 27 241 29 0 0 0 0 820 0 0 820 0 0 820 0 0	ONG THE	ONTH-OF-PAYMENT REERM CARE - AGED EXPENDITURES 5,773.95 415.41 4,140.12 1,218.42 .00 .00 .00 6,573.60 .00 .00 6,573.60 .00 .00 6,573.60 .00 .00 .00	AVI PEI \$ \$	FOR JAN 3 AID CODE ERAGE COST R UNIT/DAY 19.44 15.39 17.18 42.01 .00 .00 .00 .00 8.02 .00 .00 8.02 .00 .00 .00 .00 .00 .00 .00 .00 .00	13 M UNITS/DAY PER ELIG .041 .004 .033 .004 .000 .000 .000 .113 .000 .000 .113 .000 .000	ONT S \$ \$	2004 HLY AVERA COST PER USER 45.46 15.98 50.49 60.92 .00 .00 .00 8.64 .00 .00 8.64 .00 .00 8.64 .00 .00	GE - (I) ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	AGE 9,734 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 7,258 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 127 26 82 20 0 0 0 761 0 0 761 0 0 761 0 0 0 761 0 0 0 761 0 0	CES AND EXPENDITURE/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE 297 27 241 29 0 0 0 0 820 0 0 820 0 0 0 820 0 0 0 0 0	ONG THE	ONTH-OF-PAYMENT REERM CARE - AGED EXPENDITURES 5,773.95 415.41 4,140.12 1,218.42 .00 .00 .00 6,573.60 .00 .00 6,573.60 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVI PEI \$ \$ \$	FOR JAN 3 AID CODE ERAGE COST R UNIT/DAY 19.44 15.39 17.18 42.01 .00 .00 .00 .00 8.02 .00 .00 8.02 .00 .00 .00 .00 8.02 .00 .00 .00 .00 .00 .00 .00 .00 .00	13 M UNITS/DAY PER ELIG .041 .004 .033 .004 .000 .000 .000 .113 .000 .000 .113 .000 .000	ONT S \$ \$ \$ \$	2004 HLY AVERA COST PER USER 45.46 15.98 50.49 60.92 .00 .00 .00 .00 8.64 .00 .00 8.64 .00 .00 .00 8.64 .00 .00	GE - () H	AGE 9,734 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 7,258 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS 127 26 82 20 0 0 0 761 0 0 761 0 0 761 0 0 0 761 0 0 0 761 0 0 0 761	CES AND EXPENDITURE/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE 297 27 241 29 0 0 0 0 820 0 0 820 0 0 0 820 0 0 0 0 0	ONG THE	ONTH-OF-PAYMENT REERM CARE - AGED EXPENDITURES 5,773.95 415.41 4,140.12 1,218.42 .00 .00 .00 6,573.60 .00 .00 6,573.60 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVI PEI \$ \$ \$	FOR JAN 3 AID CODE ERAGE COST R UNIT/DAY 19.44 15.39 17.18 42.01 .00 .00 .00 .00 8.02 .00 .00 .00 8.02 .00 .00 .00 .00 .00 .00 .00 .00 .00	13 M UNITS/DAY PER ELIG .041 .004 .033 .004 .000 .000 .000 .113 .000 .000 .113 .000 .000	ONT S \$ \$ \$ \$ \$	2004 HLY AVERA COST PER USER 45.46 15.98 50.49 60.92 .00 .00 .00 .00 8.64 .00 .00 8.64 .00 .00 .00 8.64 .00 .00 .00 8.64	GE - CF F F F F F F F F F F F F F F F F F	AGE 9,734 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 7,258 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE USERS 127 26 82 20 0 0 0 761 0 0 761 0 0 0 761 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES AND EXPENDITURE/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE 297 27 241 29 0 0 0 0 820 0 0 820 0 0 0 820 0 0 0 0 0	ONG THE	ONTH-OF-PAYMENT REERM CARE - AGED EXPENDITURES 5,773.95 415.41 4,140.12 1,218.42 .00 .00 .00 6,573.60 .00 .00 6,573.60 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVI PEI \$ \$ \$ \$	FOR JAN 3 AID CODE ERAGE COST R UNIT/DAY 19.44 15.39 17.18 42.01 .00 .00 .00 .00 8.02 .00 .00 8.02 .00 .00 .00 .00 .00 .00 .00 .00 .00	13 M UNITS/DAY PER ELIG .041 .004 .033 .004 .000 .000 .000 .113 .000 .000 .113 .000 .000	ONT S \$ \$ \$ \$	2004 HLY AVERA COST PER USER 45.46 15.98 50.49 60.92 .00 .00 .00 .00 8.64 .00 .00 .00 8.64 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - () I	AGE 9,734 03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 7,258 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE USERS 127 26 82 20 0 0 0 761 0 0 761 0 0 761 0 0 0 163	CES AND EXPENDITURE/DENTAL VICES FOR MN - LO UNITS OF SERVICE OR DAYS OF CARE 297 27 241 29 0 0 0 0 820 0 0 820 0 0 1,105	ONG THE	ONTH-OF-PAYMENT REERM CARE - AGED EXPENDITURES 5,773.95 415.41 4,140.12 1,218.42 .00 .00 .00 6,573.60 .00 .00 6,573.60 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVI PEI \$ \$ \$ \$	FOR JAN 3 AID CODE ERAGE COST R UNIT/DAY 19.44 15.39 17.18 42.01 .00 .00 .00 .00 8.02 .00 .00 .00 8.02 .00 .00 .00 .00 46.60	13 M UNITS/DAY PER ELIG .041 .004 .033 .004 .000 .000 .000 .113 .000 .000 .113 .000 .000	ONT S \$ \$ \$ \$	2004 HLY AVERA COST PER USER 45.46 15.98 50.49 60.92 .00 .00 .00 .00 8.64 .00 .00 .00 8.64 .00 .00 .00 .00 315.88	GE - () I	AGE 9,734 03/14/05

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	Ō	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	46	0	37,799.87	.00	.000	821.74	5.21
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	120	1,105	13,688.36	12.39	.152	114.07	1.89
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	172.23CR	.00	.000	.00	.02CR
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	120	1,105	13,860.59	12.54	.152	115.50	1.91
@COUNTY HOSPITAL TOTAL	0	0 \$.00 \$.00	.000 \$.00 \$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

PLACER COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13

PLACER COUNTY	SUMMARY OF SERVIO	CES FOR MN - LC	NG T	ERM CARE - AGED		AID CODE	13				
							I	TNON	HLY AVERA	_	
7,258 ELIGIBLES	USERS U	JNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	YS .	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIC	3	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	163	1,105	\$	51,488.23	\$	46.60	.152	\$	315.88	\$	7.09
COMM HOSP INPATIENT TOTAL	46	. 0		37,799.87		.00	.000		821.74		5.21
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00			.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0									
ANCILLARIES	•	-		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	46	0		37,799.87		.00	.000		821.74		5.21
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	120	1,105		13,688.36		12.39	.152		114.07		1.89
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		172.23C	:R	.00	.000		.00		.02CR
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	120	1,105		13,860.59		12.54	.152		115.50		1.91
@STATE HOSPITAL	0	-,	Ś	.00	Ś	.00	.000	\$.00	Ś	.00
MENTALLY ILL	0	0	т	.00	Τ	.00	.000	т	.00	Τ.	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	6,246	203,291	Ś	19,069,065.98	\$	93.80	28.009	\$	3053.00	\$	2627.32
	•	•	Ą	· ·	ې			Ş		Ş	
LEV A-INTERMEDIATE	39	1,192		65,514.73		54.96	.164		1679.86		9.03
LEV B-REHAB MD	16	492		49,403.60		100.41	.068		3087.73		6.81
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	11	366		192,185.90		525.10	.050		17471.45		26.48
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	6,180	201,241		18,761,961.75		93.23	27.727		3035.92		2585.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	22	34	\$	18,319.36	\$	538.80	.005	\$	832.70	\$	2.52
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	22	34		18,319.36		538.80	.005		832.70		2.52
@REHABILITATION FACILITY	0	0	Ś	.00	Ś	.00	.000	\$.00	Ś	.00
HOSPITAL BASED	0	0	т	.00	Τ	.00	.000	т	.00	Τ.	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	10	25	\$	106.81	\$	4.27	.003	\$	10.68	Ś	.01
	10		Ş		Ş			Ş		Ş	
PATHOLOGY	-	4		29.05		7.26	.001		29.05		.00
XO AND OTHERS	9	21	_	77.76	_	3.70	.003	_	8.64	_	.01
@ORGANIZED OUTPATIENT CLINIC	30	56	\$	6,534.17	\$	116.68	.008	\$	217.81	\$.90
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	6	6		1,318.71		219.79	.001		219.79		.18
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	24	50		5,215.46		104.31	.007		217.31		.72
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITUR	ES M	ONTH-OF-PAYMENT R	EPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 9,736
MOP024	FEE-FOR-SERVICE/	DENTAL									03/14/05
PLACER COUNTY	SUMMARY OF SERVI		NG T	ERM CARE - AGED		AID CODE	13				, , ,
						0000					

7,258 ELIGIBLES		ITS OF SERVI	EXPENDITURES	AVERAGE COST			COST PER
		R DAYS OF CA		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	852	14,868	\$ •	\$ 20.29	2.048	•	•
DURABLE MED. EQUIP.	112	584	. ,	109.68	.080	571.92	8.83
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6	6	•	467.87	.001	467.87	.39
MEDICAL TRANSPORTATION	418	11,871	44,709.44	3.77	1.636	106.96	6.16
AMBULANCES/AIR TRANS	13	80		15.49	.011	95.34	.17
OTHER TRANS	397	11,737	43,255.51	3.69	1.617	108.96	5.96
OTHER SERVICES	15	54	214.51	3.97	.007	14.30	.03
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	1	69.58	69.58	.000	69.58	.01
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	77	170	2,147.76	12.63	.023	27.89	.30
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	117	194	149.59	.77	.027	1.28	.02
PROSTHETIST/ORTHOTISTS	1	2	12.92	6.46	.000	12.92	.00
PROSTHETICS	1	2	12.92	6.46	.000	12.92	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	5	5	46.73	9.35	.001	9.35	.01
SPEECH AND AUDIOLOGY	43	65	7,228.24	111.20	.009	168.10	1.00
HOSPICE SERVICES	56	1,602	177,536.40	110.82	.221	3170.29	24.46
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	76	368	2,956.51	8.03	.051	38.90	.41
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1,885	17,871	\$ 288,378.51	·	2.462	•	•
0* TOTALS IN THESE LINES ARE GI	•	•	-	-			

----- MONTHLY AVERAGE -----

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,737 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 PLACER COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

SOUTHAIL OF SELV	ATCES LOW MIN	ПОИС	TEIM CAINE	DHIND	AID CODE	. 25		
						Mo	ONTHLY AVERA	GE
USERS	UNITS OF SERV	ICE	EXPEND	ITURES	AVERAGE COST	UNITS/DAY	S COST PER	COST PER
	OR DAYS OF C	ARE			PER UNIT/DAY	Y PER ELIG	USER	ELIGIBLE
27	4,199	\$	127,	468.51	\$ 30.36	135.452	\$ 4721.06	\$ 4111.89
3	4	\$		66.68	\$ 16.67	.129	\$ 22.23	\$ 2.15
0	0			.00	.00	.000	.00	.00
0	0			.00	.00	.000	.00	.00
0	0			.00	.00	.000	.00	.00
0	0			.00	.00	.000	.00	.00
0	0			.00	.00	.000	.00	.00
0	0			.00	.00	.000	.00	.00
0	0			.00	.00	.000	.00	.00
0	0			.00	.00	.000	.00	.00
0	0			.00	.00	.000	.00	.00
0	0			.00	.00	.000	.00	.00
0	0			.00	.00	.000	.00	.00
0	0			.00	.00	.000	.00	.00
		USERS UNITS OF SERV OR DAYS OF C		USERS UNITS OF SERVICE EXPEND OR DAYS OF CARE	USERS UNITS OF SERVICE OR DAYS OF CARE 27 4,199 \$ 127,468.51 3 4 \$ 66.68 0 0 0 .00 0 0 .00	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE OR DAYS OF CARE OR DESCRIPTION OR DAYS OF CARE OR DESCRIPTION OR DAYS OF CARE OR DESCRIPTION OR DESCR	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS	USERS UNITS OF SERVICE OR DAYS OF CARE 27

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
	0	0		.00							
PRINCIPAL SURGEON	0	0				.00	.000		.00		.00
ASSISTANT SURGEON	•	U		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	3	4		66.68	16	.67	.129		22.23		2.15
@PHARMACY	27	3,336	\$	14,660.56		.39	107.613	\$		\$	472.92
PRESCRIPTION DRUGS	27	180	-7	12,860.19	•	.45	5.806	-1	476.30	т.	414.84
SNF/ICF	27	179		12,894.55		.04	5.774		477.58		415.95
OUTPATIENTS	0	1		34.36CR		.36CR			.00		1.11CR
	8				. 54	.57			225.05		58.08
MEDICAL SUPPLIES	8	3,156	<u> </u>	1,800.37	á 27		101.806	<u> </u>		^	
@DENTIST	1	2	\$	75.00		.50	.065	\$	75.00	\$	2.42
VISITS - DIAGNOSTIC	1	2		75.00	37	.50	.065		75.00		2.42
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0									
ORTHODONTIC SERVICES	•			.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00	_	.00
#CALIF DEPT OF HEALTH SERV			RES I	MONTH-OF-PAYMENT RE	PORT FOR	JAN .	2004 THRU	DEC	2004	P	AGE 9,738
MOP024	FEE-FOR-SERVICE										03/14/05
PLACER COUNTY	SUMMARY OF SERV	ICES FOR MN - LO	ONG '	TERM CARE - BLIND	AID	CODE					
									HLY AVERA	GE ·	
31 ELIGIBLES	USERS	UNITS OF SERVICE	₹.	EXPENDITURES	AVERAGE	COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CAR	₹.		PER UNI	T/DAY	PER ELIG		USER]	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	Ö	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	Y	.00	Υ	.00	.000	7	.00	7	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
	0		ċ		Ċ			ċ		ċ	
@PODIATRIST		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3	21	Ś	339.66	Ś	16.17	.677	\$ 113.22		10.96
HOSP INPATIENT TOTAL	0	0	'	.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
	0	0		.00				.00		
NON-HSC HOSPITAL TOTAL	U	U				.00	.000			.00
ACCOMMODATIONS	Ü	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	3	21		339.66		16.17	.677	113.22		10.96
	5	0		.00		.00	.000	.00		.00
MEDICAL	0	•								
SURGERY	U	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	3	21		339.66		16.17	.677	113.22		10.96
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000		Ś	.00
CO HOSPITAL INPATIENT TOTAL	0	0	7	.00	т.	.00	.000	.00	-	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
	0	0								
NON-HSC HOSPITALS TOTAL	0	U		.00		.00	.000	.00		.00
ACCOMMODATIONS	Ü	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0								
MEDICAL	U	U		.00		.00	.000	.00		.00
SURGERY	O	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITU	RES N	MONTH-OF-PAYMENT R	EPORT	FOR JAN			P.	AGE 9,739
MOP024	FEE-FOR-SERVICE		1120 1	1011111 01 1111111111111111111111111111	01(1	2011 01111		0 _001		03/14/05
PLACER COUNTY			ONC T	TERM CARE - BLIND		AID CODE	23			03/11/03
FLACER COUNTI	SUMMARI OF SERV	ICES FOR MIN - L	ONG 1	LERM CARE - BLIND		AID CODE		NTHLY AVERA	CE	
21			_						-	
31 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES				COST PER		COST PER
		OR DAYS OF CAR					PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	21	\$	339.66	\$	16.17		\$ 113.22	\$	10.96
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
	0	0								
ADMINISTRATIVE DAYS	•	ŭ		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00

COMM HOSP OUTPATIENT TOTAL	3	21	339.66	16.17	.677	113.22	10.96
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	21	339.66	16.17	.677	113.22	10.96
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	15	425	\$ 41,504.49	\$ 97.66	13.710	\$ 2766.97	\$ 1338.85
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	15	425	41,504.49	97.66	13.710	2766.97	1338.85
@INTERMEDIATE CARE FACILDD	12	366	\$ 69 , 336.33	\$ 189.44	11.806	\$ 5778.03	\$ 2236.66
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	12	366	69 , 336.33	189.44	11.806	5778.03	2236.66
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER 0 0 HEROIN DETOX CLINIC 0 0 RURAL HEALTH CLINIC Ω 0 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,740 MOP024 03/14/05 FEE-FOR-SERVICE/DENTAL

PLACER COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

FUACER COONII	SOUTHAINT OF SER	VICES FOR MIN LO.	. VG 11	FILL CULF DITIED		AID CODE	23			
							MO	NTI	HLY AVERA	GE
31 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	; (COST PER	COST PER
		OR DAYS OF CARE			PER	. UNIT/DAY	PER ELIG		USER	ELIGIBLE
@ALL OTHER PROVIDERS	11	45	\$	1,485.79	\$	33.02	1.452	\$	135.07	\$ 47.93
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00	.00
BLOOD BANK	0	0		.00		.00	.000		.00	.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00	.00
MEDICAL TRANSPORTATION	1	10		71.42		7.14	.323		71.42	2.30
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00	.00
OTHER TRANS	1	10		71.42		7.14	.323		71.42	2.30
OTHER SERVICES	0	0		.00		.00	.000		.00	.00
ACUPUNCTURE	0	0		.00		.00	.000		.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00	.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00	.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00	.00
OPTICIAN	0	0		.00		.00	.000		.00	.00
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00	.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00	.00
PROSTHETICS	0	0		.00		.00	.000		.00	.00
ORTHOTICS	0	0		.00		.00	.000		.00	.00
PSYCHOLOGIST	0	0		.00		.00	.000		.00	.00
SPEECH AND AUDIOLOGY	9	33		1,372.96		41.60	1.065		152.55	44.29
HOSPICE SERVICES	0	0		.00		.00	.000		.00	.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000		.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00	.00
ALL OTHER PROVIDERS	1	2		41.41		20.71	.065		41.41	1.34
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	8	27	\$	1,262.19	\$	46.75	.871	\$	157.77	\$ 40.72
Q + MOMATO THE MURCE TIMES ADE	CITTENI AC A CEDA	DAME TAIRODMAMION TO	TITING (ONIT M.						

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,741 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

PLACER COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

						MON	THLY AVERA	GE -	
862 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	E	ELIGIBLE
@TOTAL, ALL PROVIDERS	883	85 , 605	\$	3,952,815.53	\$ 46.18	99.310 \$	4476.57	\$	4585.63
@PHYSICIANS SERVICES	164	399	\$	7,627.72	\$ 19.12	.463 \$	46.51	\$	8.85
OUTPATIENT VISITS	8	7		300.70	42.96	.008	37.59		.35
OFFICE VISITS	3	3		142.90	47.63	.003	47.63		.17
HOME VISITS	5	2		68.60	34.30	.002	13.72		.08
EMERGENCY ROOM	2	2		89.20	44.60	.002	44.60		.10
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00

OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	42	90		2,894.30		32.16	.104		68.91		3.36
HOSPITAL VISITS	4	39		1,398.60		35.86	.045		349.65		1.62
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	39	51		1,495.70		29.33	.059		38.35		1.74
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	2	5		206.59		41.32	.006		103.30		.24
PRINCIPAL SURGEON	1	1		59.20		59.20	.001		59.20		.07
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	4		147.39		36.85	.005		147.39		.17
OUTPATIENT SURGERY	8	34		893.46		26.28	.039		111.68		1.04
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	8	34		893.46		26.28	.039		111.68		1.04
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	1		6.92		6.92	.001		6.92		.01
PSYCHIATRY	0	<u> </u>		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	109	262		3,325.75		12.69	.304		30.51		3.86
@PHARMACY	772	50,673	\$	448,477.52	\$		58.785	ċ		ċ	520.28
PRESCRIPTION DRUGS	757	4,901	Ş	417,367.69	Ą	85.16	5.686	Ą	551.34	Ą	484.19
SNF/ICF	701	4,527		379,984.53		83.94	5.252		542.06		440.82
OUTPATIENTS	68	374		•					542.06		43.37
	157			37,383.16		99.95	.434				
MEDICAL SUPPLIES	40	45,772	ċ	31,109.83	Ċ	.68	53.100	ċ	198.15	ċ	36.09 8.83
@DENTIST		166	\$	7,608.25	\$.193	Þ		Þ	
VISITS - DIAGNOSTIC	38	134		2,256.25		16.84	.155		59.38		2.62
ORAL SURGERY	2	5		204.00		40.80	.006		102.00		.24
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	6	12		954.00		79.50	.014		159.00		1.11
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	3	3		184.00		61.33	.003		61.33		.21
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	6	12		4,010.00		334.17	.014		668.33		4.65
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			ES I	MONTH-OF-PAYMENT RE	EPOR:	r for Jan 2	2004 THRU	DEC	2004	P.	AGE 9,742
MOP024	FEE-FOR-SERVIC										03/14/05
PLACER COUNTY	SUMMARY OF SER	VICES FOR MN - LO	NG :	TERM CARE - DISABLE	ED	AID CODE					
							M				
862 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			COST PER	(COST PER
		OR DAYS OF CARE			PEI	R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	12	20	\$	413.57	\$	20.68	.023	\$	34.46	\$.48
DIAGNOSTIC AND ANC. PROCED	3	3		73.08		24.36	.003		24.36		.08
EYE APPLIANCES	7	15		245.59		16.37	.017		35.08		.28
OTHER OPTOMETRIC SERVICES	2	2		94.90		47.45	.002		47.45		.11
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	59	66	\$	483.97	\$	7.33	.077	\$	8.20	\$.56

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	59	66	483.97	7.33	.077	8.20	.56
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	48	260 \$	59 , 267.96	\$ 227.95	.302 \$	1234.75	\$ 68.76
HOSP INPATIENT TOTAL	12	47	55,757.40	1186.33	.055	4646.45	64.68
HSC HOSPITALS	4	32	36 , 911.21	1153.48	.037	9227.80	42.82
NON-HSC HOSPITAL TOTAL	2	15	7,240.94	482.73	.017	3620.47	8.40
ACCOMMODATIONS	2	15	3,411.54	227.44	.017	1705.77	3.96
ADMINISTRATIVE DAYS	1	6	1,329.84	221.64	.007	1329.84	1.54
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	9	2,081.70	231.30	.010	2081.70	2.41
ANCILLARIES	2	0	3,829.40	.00	.000	1914.70	4.44
INPATIENT CROSSOVERS	7	0	11,605.25	.00	.000	1657.89	13.46
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	36	213	3,510.56	16.48	.247	97.52	4.07
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	7	12	145.36	12.11	.014	20.77	.17
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	3	3	84.54	28.18	.003	28.18	.10
CROSSOVERS/ALL OTH OUTPTNT	26	198	3 , 280.66	16.57	.230	126.18	3.81
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0			.000		
INPATIENT CROSSOVERS	0		.00	.00		.00	.00
ALL OTHER INPATIENT	•	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON'	TH-OF-PAYMENT RE	PORT FOR JAN 2	2004 THRU DEC	2004	PAGE 9,743
MOP024	FEE-FOR-SERVICE	/DENTAL					03/14/05
PLACER COUNTY	SUMMARY OF SERV	ICES FOR MN - LONG TERM	M CARE - DISABLE	D AID CODE	63		
					MONT	HLY AVERA	GE
862 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	48	260 \$	59,267.96	\$ 227.95		1234.75	
COMM HOSP INPATIENT TOTAL	12	47	55,757.40	1186.33	.055	4646.45	64.68
HSC HOSPITALS	4	32	36,911.21	1153.48	.037	9227.80	42.82
NON-HSC HOSPITALS TOTAL	2	15	7,240.94	482.73	.017	3620.47	8.40
ACCOMMODATIONS	2	15	3,411.54	227.44	.017	1705.77	3.96
ACCOMMODALLONS	۷	10	3,411.34	221.44	• 0 1 /	1/03.//	3.90

ADMINITORD ARTIC DAVIC	1	6		1 220 04		221.64	007		1329.84		1.54
ADMINISTRATIVE DAYS	0	0		1,329.84		.00	.007		.00		
TRANSITIONAL IP CARE	0						.000				.00
ALL OTHER ACCOM	1	9		2,081.70		231.30	.010		2081.70		2.41
ANCILLARIES	2	0		3,829.40		.00	.000		1914.70		4.44
INPATIENT CROSSOVERS	7	0		11,605.25		.00	.000		1657.89		13.46
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	36	213		3,510.56		16.48	.247		97.52		4.07
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	7	12		145.36		12.11	.014		20.77		.17
	0	0		.00		.00	.000		.00		.00
RADIOLOGY	3										
ROOM USE		3		84.54		28.18	.003		28.18		.10
CROSSOVERS/ALL OTH OUTPTNT	26	198		3,280.66		16.57	.230		126.18		3.81
@STATE HOSPITAL	12	366	\$	191,328.28	\$	522.75	.425	\$	15944.02	\$	221.96
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	12	366		191,328.28		522.75	.425		15944.02		221.96
@NURSING FACILITY	441	14,618	\$	1,645,893.63	\$	112.59	16.958	\$	3732.19	\$	1909.39
LEV A-INTERMEDIATE	0	, 0		.00		.00	.000		.00		.00
LEV B-REHAB MD	6	275		23,046.76		83.81	.319		3841.13		26.74
LEV B-SUBACUTE FREESTANDING	2	39		14,286.48		366.32	.045		7143.24		16.57
LEV B-SUBACUTE HSPTL BASED	9	336		180,073.50		535.93	.390		20008.17		208.90
	0										
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	424 276	13,968		1,428,486.89		102.27	16.204		3369.07		1657.18
@INTERMEDIATE CARE FACILDD		8,418	\$	1,490,211.20	Ş	177.03		Ş	5399.32	Ş	
ICF DDH	96	2 , 928		444,605.20		151.85	3.397		4631.30		515.78
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	180	5,490		1,045,606.00		190.46	6.369		5808.92		1213.00
@HEMODIALYSIS TOTAL	16	20	\$	8,274.95	\$	413.75	.023	\$	517.18	\$	9.60
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	16	20		8,274.95		413.75	.023		517.18		9.60
@REHABILITATION FACILITY	0	0	\$.00	Ċ	.00	.000	Ċ	.00	Ċ	.00
	0	0	Y	.00	Y	.00	.000	Y	.00	Y	
HOSPITAL BASED	0	•									.00
INDEPENDENT FACILITY	-	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	21	62	\$	631.67	\$	10.19	.072	Ş	30.08	Ş	.73
PATHOLOGY	21	62		631.67		10.19	.072		30.08		.73
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	31	67	\$	4,199.63	\$	62.68	.078	\$	135.47	\$	4.87
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	16	48		1,643.08		34.23	.056		102.69		1.91
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	15	19		2,556.55		134.56	.022		170.44		2.97
#CALIF DEPT OF HEALTH SERV			DEC	MONTH-OF-PAYMENT R	FPORT			DEC		D	AGE 9,744
MOP024	FEE-FOR-SERVICE		CHAI	MONIII OF FAIMENT K	EFOR.	. FOR OAN	2004 11110	טייר	, 2004	Ε.	03/14/05
			ONIC	MEDM CADE DICADI	ED	ATD CODE	C2				03/14/03
PLACER COUNTY	SUMMARY OF SERV	ICES FOR MN - L	ONG	TERM CARE - DISABL	ıED	AID CODE				C.E.	
									HLY AVERA	-	
862 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST			COST PER		COST PER
		OR DAYS OF CAR	Œ		PEF	R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	337	10,470	\$	88,397.18	\$	8.44	12.146	\$	262.31	\$	102.55
DURABLE MED. EQUIP.	16	126		7,127.59		56.57	.146		445.47		8.27
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	47	8,633		19,342.97		2.24	10.015		411.55		22.44
AMBULANCES/AIR TRANS	4	34		507.46		14.93	.039		126.87		.59
OTHER TRANS	44	8,596		18,807.29		2.19	9.972		427.44		21.82
OTHER SERVICES	2	3		28.22		9.41	.003		14.11		.03
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00

ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	1	28		113.17	4.04	.032	113.17	.13
OPTICIAN	6	15		137.69	9.18	.017	22.95	.16
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	6	11		5.42	.49	.013	.90	.01
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	2	2		.66	.33	.002	.33	.00
SPEECH AND AUDIOLOGY	249	1,030		39,846.86	38.69	1.195	160.03	46.23
HOSPICE SERVICES	7	153		17,383.86	113.62	.177	2483.41	20.17
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	41	472		4,438.96	9.40	.548	108.27	5.15
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	266	6 , 479	\$	49,469.70	\$ 7.64	7.516	\$ 185.98	\$ 57.39
A* MOMATO IN MURCE TIMES ARE CIV	שחול מעמט וויא איני	TATEODMADITOM	THEM O	NIT V.				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,745
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED	

							MO	NTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVER <i>A</i>	AGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	€		PER U	JNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	0	0			.00		.00	.000		.00		.00
OFFICE VISITS	0	0			.00		.00	.000		.00		.00
HOME VISITS	0	0			.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0			.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0			.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0			.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0			.00		.00	.000		.00		.00
INPATIENT VISITS	0	0			.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0			.00		.00	.000		.00		.00
CRITICAL CARE	0	0			.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0			.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0			.00		.00	.000		.00		.00
EXAMINATIONS	0	0			.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0			.00		.00	.000		.00		.00
	0	0			.00					.00		
INPATIENT HOSPITAL SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0					.00	.000				.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST					.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	U	0			.00		.00	.000		.00		.00
DIALYSIS	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
PSYCHIATRY	0	0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0			.00		.00	.000		.00		.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0			.00		.00	.000		.00		.00
SNF/ICF	0	0			.00		.00	.000		.00		.00
OUTPATIENTS	0	0			.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0			.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0			.00		.00	.000		.00		.00
ORAL SURGERY	0	0			.00		.00	.000		.00		.00
DRUGS	0	0			.00		.00	.000		.00		.00
ANESTHESIA	0	0			.00		.00	.000		.00		.00
PERIODONTICS	0	0			.00		.00	.000		.00		.00
ENDODONTICS	0	0			.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0			.00		.00	.000		.00		.00
PROSTHETICS	0	0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0			.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0					.00			.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITU	RES	MONTH-OF-PA	YMENT R	EPORT F	OR JAN 20	004 THRU	DEC	2004		AGE 9,746
MOP024	FEE-FOR-SERVICE/	DENTAL										03/14/05
PLACER COUNTY	SUMMARY OF SERVI		ONG	TERM CARE -	FAMILI	ES DI	SCONTINUE	ED				
		_	-	-				M	ONTE	HLY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPEND	ITURES	AVERA						
		OR DAYS OF CAR			-			PER ELIG				ELIGIBLE
@OPTOMETRIST	0	0			.00		.00			.00		.00
DIAGNOSTIC AND ANC. PROCED	0	Õ	т.		.00	'	.00	.000	'	.00		.00
	· ·	3								• • •		

	2	^		0.0	0.0	0.00	0.0		0.0
EYE APPLIANCES	0	0		.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$		\$.00
VISITS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
OTHER	0		۵					<u>^</u>	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0							
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
	0	0			.00	.000	.00		.00
ROOM USE	0			.00					
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	Û	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
	<u> </u>	-							
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	Ü	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURI	ES MONTH-OR			2004 THRU DEC		PAGE	9,747
MOP024	FEE-FOR-SERVICE/DENTAL								/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR	MN - T.OI	NG TERM CAR	RE - FAMILIE	S DISCONTIN	IIED		00,	, 00
I IIIOII COOMII	COLUMNIC OF CHICATORS LOW	1.114 1101	ILIUI CAI		C DIDCONTIN			~=	

		OR DAYS OF CARE			PE.	R UNIT/DAY	PER ELIG		USER	F	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	OR DATS OF CARE	\$.00		.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	т	.00		.00	.000	т	.00	т	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		
SURGERY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00					.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0					.000				.00
CROSSOVERS/ALL OTH OUTPTNT	0		ċ	.00		.00	.000	ċ	.00	ċ	.00
@STATE HOSPITAL	0	0	\$.00		.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	•	0	ć	.00		.00	.000	Ċ	.00	Ċ	.00
@NURSING FACILITY	0	0	\$.00		.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0	_	.00		.00	.000	_	.00	_	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00		.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00		.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00		.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	<u> </u>	.00		.00	.000	<u> </u>	.00	<u> </u>	.00
@LABORATORY FACILITY	0	0	\$.00		.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0	<u> </u>	.00		.00	.000	<u> </u>	.00	<u> </u>	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00		.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0	··			.00					
#CALIF DEPT OF HEALTH SERV			ES MC)NTH-OF-PAYMENT .	REPOR	T FOR JAN 2	2004 THRU .	DEC	2004		
	FEE-FOR-SERVICE		NO DE	DM CADE - DAMII	T.D.C	DICCOMMIN					03/14/05
PLACER COUNTY	SUMMARY OF SERV	ICES FOR MN - LC	NG TE	RM CARE - FAMIL	IES			O 3 7 2 2		~ =	
OO ELICIDIES	HOEDO	IINTEC OF CERTICE		DADENDIMIDEO	71.77		MO				
00 ELIGIBLES	USEKS	UNITS OF SERVICE		EXPENDITURES							
GALL OMILED DDOMEDES	^	OR DAYS OF CARE		0.0		R UNIT/DAY	PEK ELIG	Ċ	USEK	Ė	·TTGTRTE
@ALL OTHER PROVIDERS	0	0	Þ	.00		.00	.000	Þ	.00	Þ	.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	U	U		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00
A+ MOMATO TAL MURCH TIMES AND CITIENT		TATEODAA MITONI IMBA ONII V.					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 9,749
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL	

---- MONTHLY AVERAGE -----8,151 ELIGIBLES USERS EXPENDITURES COST PER UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 8,673 364,077 Ś 25,435,896.43 69.86 44.667 \$ 2932.77 \$ 3120.59 781 1,412 21,789.44 \$ 15.43 .173 \$ 27.90 \$ 2.67 @PHYSICIANS SERVICES 29.92 27.62 OUTPATIENT VISITS 13 12 359.00 .001 .04 OFFICE VISITS 8 8 201.20 25.15 .001 25.15 .02 5 68.60 34.30 .000 13.72 .01 HOME VISITS 2 EMERGENCY ROOM 89.20 44.60 .000 44.60 .01 PREVENTIVE CARE .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 OB VISITS/COMPRE PERI OTHER OUTPATIENT 0 0 .00 .00 .000 .00 .00 58 INPATIENT VISITS 108 3,290.80 30.47 .013 56.74 .40 43 1,426.10 33.17 .005 178.26 HOSPITAL VISITS 0 0 .00 CRITICAL CARE .00 .000 .00 .00 SNF/ICF/TRANS IP CARE 51 65 1,864.70 28.69 36.56 .23 .008 20.00 OPHTHALMOLOGICAL SERVICES 20.00 .000 20.00 .00 20.00 20.00 20.00 EXAMINATIONS .000 .00 .00 .00 SERVICES AND MATERIALS .00 .000 .00 206.59 34.43 .001 68.86 .03 INPATIENT HOSPITAL SURGERY 59.20 29.60 PRINCIPAL SURGEON .000 29.60 .01 .00 .00 ASSISTANT SURGEON .000 .00 .00 ANESTHESIOLOGIST 147.39 36.85 .000 147.39 .02

OUTPATIENT SURGERY	9	35		893.4	6	25.53	.004		99.27		.11
PRINCIPAL SURGEON	1	1		.0	0	.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.0	0	.00	.000		.00		.00
ANESTHESIOLOGIST	8	34		893.4	6	26.28	.004		111.68		.11
DIALYSIS	0	0		.0	0	.00	.000		.00		.00
PATHOLOGY	1	1		.0	0	.00	.000		.00		.00
RADIOLOGY	5	5		263.6	9	52.74	.001		52.74		.03
PSYCHIATRY	0	0		.0	0	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.0	0	.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	700	1,244		16,755.9	0	13.47	.153		23.94		2.06
@PHARMACY	6,835	105,987	\$ 2	,291,169.8	7 \$	21.62	13.003	\$	335.21	\$	281.09
PRESCRIPTION DRUGS	6 , 777	41,587	2	,210,887.7	8	53.16	5.102		326.23		271.24
SNF/ICF	6 , 313	39,081	2	,098,067.0	8	53.69	4.795		332.34		257.40
OUTPATIENTS	574	2,506		112,820.7	0	45.02	.307		196.55		13.84
MEDICAL SUPPLIES	606	64,400		80,282.0	9	1.25	7.901		132.48		9.85
@DENTIST	428	958	\$	61,587.0	0 \$	64.29	.118	\$	143.89	\$	7.56
VISITS - DIAGNOSTIC	378	669		16,494.0	0	24.65	.082		43.63		2.02
ORAL SURGERY	55	94		3,874.0	0	41.21	.012		70.44		.48
DRUGS	0	0		.0	0	.00	.000		.00		.00
ANESTHESIA	0	0		.0	0	.00	.000		.00		.00
PERIODONTICS	13	19		2,354.0	0	123.89	.002		181.08		.29
ENDODONTICS	0	0		.0	0	.00	.000		.00		.00
RESTORATIVE DENTISTRY	8	12		621.0	0	51.75	.001		77.63		.08
PROSTHETICS	0	0		.0	0	.00	.000		.00		.00
DENTURES, STAYPLATES	67	161		38,244.0	0	237.54	.020		570.81		4.69
SPACE MAINTAINERS	0	0		.0	0	.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.0	0	.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.0	0	.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.0	0	.00	.000		.00		.00
ALL OTHER SERVICES	2	3		.0		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		MONTH-	OF-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC	2004	PA	AGE 9,750
MOP024	FEE-FOR-SERVICE/DENTA	Ĺ									03/14/05

PLACER COUNTY	SUMMARY OF SER	VICES FOR MN - LC	NG '	TERM CARE - TOTAL						~-	
0 151 77 77777							MC			GE	
8,151 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST R UNIT/DAY		j.	COST PER		COST PER
A O DECOMEED T CE	120	OR DAYS OF CARE		C 107 F2		19.52		ċ	USER 44.51	Ċ	ELIGIBLE
@OPTOMETRIST	139 29	317 30	\$	6,187.52	\$.039	Þ		Ş	.76
DIAGNOSTIC AND ANC. PROCED	29 89	256		488.49		16.28 17.13	.004		16.84 49.28		.06 .54
EYE APPLIANCES				4,385.71			.031				
OTHER OPTOMETRIC SERVICES	22	31 0	ċ	1,313.32	\$	42.37	.004	Ċ	59.70	Ċ	.16
@CHIROPRACTOR	0	0	\$.00	Ş	.00	.000	Þ	.00	Þ	.00
VISITS	0			.00					.00		
OTHER SERVICES	820	0	ć	.00	ć	.00	.000	<u>_</u>	.00	Ċ	.00
@PODIATRIST	820	886 0	\$	7,057.57	\$	7.97	.109	P	8.61	Þ	.87
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0					.00	.000				.00
RADIO./PATHOLOGY	820	0 886		.00 7,057.57		.00	.000		.00		.00 .87
OTHER	820		ć	•	ć	7.97	.109	<u>_</u>	8.61	Ċ	
@HOME HEALTH AGENCY	0	0	\$ \$.00	\$.00		\$		\$.00
NURSE ANESTHESIST	•	· · · · · · · · · · · · · · · · · · ·		.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$ \$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER		0		.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	214	1,386	\$	111,095.85	Ş	80.16		\$	519.14	\$	13.63
HOSP INPATIENT TOTAL	58	47		93,557.27		1990.58	.006		1613.06		11.48
HSC HOSPITALS	4	32		36,911.21		1153.48	.004		9227.80		4.53
NON-HSC HOSPITAL TOTAL	2	15		7,240.94		482.73	.002		3620.47		.89
ACCOMMODATIONS	2	15		3,411.54		227.44	.002		1705.77		.42
ADMINISTRATIVE DAYS	1	6		1,329.84		221.64	.001		1329.84		.16
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	9		2,081.70		231.30	.001		2081.70		.26
ANCILLARIES	2	0		3,829.40		.00	.000		1914.70		. 47
INPATIENT CROSSOVERS	53	0		49,405.12		.00	.000		932.17		6.06
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	159	1,339		17,538.58		13.10	.164		110.31		2.15
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	7	12		145.36		12.11	.001		20.77		.02
RADIOLOGY	0	0		172.23CR		.00	.000		.00		.02CR
ROOM USE	3	3		84.54		28.18	.000		28.18		.01
CROSSOVERS/ALL OTH OUTPTNI		1,324		17,480.91		13.20	.162		117.32		2.14
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00		\$		\$.00
CO HOSPITAL INPATIENT TOTAL	. 0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00

MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

FLACER COUNTI	SUMMARI OF SERVI	CES FOR MM - LO	NG	IERM CARE - IOIAL	1					~-	
0 151 51 51 53					-				HLY AVERA		
8,151 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		VERAGE COST			COST PER		COST PER
	0.4.4	OR DAYS OF CARE				ER UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	214	1,386	\$	111,095.85			.170	Ş		\$	13.63
COMM HOSP INPATIENT TOTAL	58	47		93,557.27		1990.58	.006		1613.06		11.48
HSC HOSPITALS	4	32		36,911.21		1153.48	.004		9227.80		4.53
NON-HSC HOSPITALS TOTAL	2	15		7,240.94		482.73	.002		3620.47		.89
ACCOMMODATIONS	2	15		3,411.54		227.44	.002		1705.77		.42
ADMINISTRATIVE DAYS	1	6		1,329.84		221.64	.001		1329.84		.16
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	9		2,081.70		231.30	.001		2081.70		.26
ANCILLARIES	2	0		3,829.40		.00	.000		1914.70		.47
INPATIENT CROSSOVERS	53	0		49,405.12		.00	.000		932.17		6.06
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	159	1,339		17,538.58		13.10	.164		110.31		2.15
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	7	12		145.36		12.11	.001		20.77		.02
RADIOLOGY	0	0		172.23		.00	.000		.00		.02 .02CR
	3	3		84.54		28.18	.000		28.18		.02CR
ROOM USE									117.32		2.14
CROSSOVERS/ALL OTH OUTPTNT		1,324	<u>^</u>	17,480.91		13.20	.162	<u>^</u>		<u>^</u>	
@STATE HOSPITAL	12	366	\$	191,328.28			.045	Ş	15944.02	\$	23.47
MENTALLY ILL	•	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	12	366		191,328.28		522.75	.045		15944.02		23.47
@NURSING FACILITY	6 , 702	218,334	\$	20,756,464.10				Ş		\$	2546.49
LEV A-INTERMEDIATE	39	1,192		65,514.73		54.96	.146		1679.86		8.04
LEV B-REHAB MD	22	767		72,450.36		94.46	.094		3293.20		8.89
LEV B-SUBACUTE FREESTANDING		39		14,286.48		366.32	.005		7143.24		1.75
LEV B-SUBACUTE HSPTL BASED	20	702		372,259.40		530.28	.086		18612.97		45.67
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	6 , 619	215,634		20,231,953.13		93.83	26.455		3056.65		2482.14
@INTERMEDIATE CARE FACILDD	288	8,784	\$	1,559,547.53	\$	177.54	1.078	\$	5415.10	\$	191.33
ICF DDH	96	2,928		444,605.20		151.85	.359		4631.30		54.55
ICF DD	0	. 0		.00		.00	.000		.00		.00
ICF DDN/DDCN	192	5,856		1,114,942.33		190.39	.718		5806.99		136.79
@HEMODIALYSIS TOTAL	38	54	Ś	26,594.31			.007	Ś	699.85	\$	3.26
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	38	54		26,594.31		492.49	.007		699.85		3.26
@REHABILITATION FACILITY	0	0	Ś	.00			.000	\$.00	Ś	.00
HOSPITAL BASED	0	0	Υ	.00		.00	.000	٧	.00	7	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	31	87	Ś	738.48			.011	ċ	23.82	\$.09
-	22	6 / 6 6	ې	660.72		8.49 10.01	.008	Ą		ې	.08
PATHOLOGY		~ ~							30.03		
XO AND OTHERS	9	21		77.76		3.70	.003		8.64		.01
@ORGANIZED OUTPATIENT CLINIC	61	123	\$	10,733.80			.015	\$	175.96	\$	1.32
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	22	54		2 , 961.79		54.85	.007		134.63		.36
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	39	69		7,772.01		112.64	.008		199.28		.95
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITUR	ES :	MONTH-OF-PAYMENT	REPO	RT FOR JAN	2004 THRU	DEC	2004	P	AGE 9,752
MOP024	FEE-FOR-SERVICE/	DENTAL									03/14/05
PLACER COUNTY	SUMMARY OF SERVI	CES FOR MN - LO	NG	TERM CARE - TOTAL							

MONTHLY AVERAGE													
8,151 ELIGIBLES	USERS	UNITS OF SERVICE	C	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	s cos	ST PER		OST PER	
		OR DAYS OF CARE	C			PER	UNIT/DAY	PER ELIG	Ţ	JSER	E	LIGIBLE	
@ALL OTHER PROVIDERS	1,200	25 , 383	\$		391,602.68	\$	15.43	3.114	\$ 3	326.34	\$	48.04	
DURABLE MED. EQUIP.	128	710			71,182.94		100.26	.087		556.12		8.73	
BLOOD BANK	0	0			.00		.00	.000		.00		.00	
HEARING AID DISPENSERS	6	6			2,807.19		467.87	.001	4	167.87		.34	
MEDICAL TRANSPORTATION	466	20,514			64,123.83		3.13	2.517	-	L37.60		7.87	
AMBULANCES/AIR TRANS	17	114			1,746.88		15.32	.014	1	102.76		.21	
OTHER TRANS	442	20,343			62,134.22		3.05	2.496	-	L40.58		7.62	
OTHER SERVICES	17	57			242.73		4.26	.007		14.28		.03	
ACUPUNCTURE	0	0			.00		.00	.000		.00		.00	
ADULT DAY HEALTH CARE CTR	1	1			69.58		69.58	.000		69.58		.01	
GENETIC DISEASE TESTING	0	0			.00		.00	.000		.00		.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0			.00		.00	.000		.00		.00	
OCCUPATIONAL THERAPIST	1	28			113.17		4.04	.003	1	13.17		.01	
OPTICIAN	83	185			2,285.45		12.35	.023		27.54		.28	
PHYSICAL THERAPIST	0	0			.00		.00	.000		.00		.00	
PORTABLE X-RAY	123	205			155.01		.76	.025		1.26		.02	
PROSTHETIST/ORTHOTISTS	1	2			12.92		6.46	.000		12.92		.00	
PROSTHETICS	1	2			12.92		6.46	.000		12.92		.00	
ORTHOTICS	0	0			.00		.00	.000		.00		.00	
PSYCHOLOGIST	7	7			47.39		6.77	.001		6.77		.01	
SPEECH AND AUDIOLOGY	301	1,128			48,448.06		42.95	.138	1	L60.96		5.94	
HOSPICE SERVICES	63	1,755			194,920.26		111.07	.215	30	93.97		23.91	
NONINST BIRTHING CENTERS	0	0			.00		.00	.000		.00		.00	
LOCAL EDUCATION AGENCIES	0	0			.00		.00	.000		.00		.00	
EPSDT SUPPLEMENTAL SERVICE	0	0			.00		.00	.000		.00		.00	
RESPIRATORY CARE PRACT.	0	0			.00		.00	.000		.00		.00	
PED SUBACUTE REHAB/WEANING	0	0			.00		.00	.000		.00		.00	
ALL OTHER PROVIDERS	118	842			7,436.88		8.83	.103		63.02		.91	
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@XOVER EXCLUDING STATE HOSP**	2,159	24,377	\$		339,110.40	\$	13.91	2.991	\$ 1	L57.07	\$	41.60	

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,753
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
PLACER COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

I BROBIL COOMII	DOLLINI OF DELL	VICED FOR THEFTON		11011				
						MO	NTHLY AVERA	GE
14,431 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	13,166	370 , 749	\$	24,015,538.91	\$ 64.78	25.691	\$ 1824.06	\$ 1664.16
@PHYSICIANS SERVICES	1,530	3,802	\$	113,387.22	\$ 29.82	.263	\$ 74.11	\$ 7.86
OUTPATIENT VISITS	337	441		15,717.54	35.64	.031	46.64	1.09
OFFICE VISITS	285	365		11,809.24	32.35	.025	41.44	.82
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	31	37		2,908.39	78.61	.003	93.82	.20
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	36	39		999.91	25.64	.003	27.78	.07
INPATIENT VISITS	53	119		4,904.93	41.22	.008	92.55	.34
HOSPITAL VISITS	34	94		3,939.63	41.91	.007	115.87	.27
CRITICAL CARE	1	2		243.20	121.60	.000	243.20	.02
SNF/ICF/TRANS IP CARE	19	23		722.10	31.40	.002	38.01	.05
OPHTHALMOLOGICAL SERVICES	49	70		2,731.82	39.03	.005	55.75	.19

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	47	66	2,613.30	39.60	.005	55.60	.18
SERVICES AND MATERIALS	4	4	118.52	29.63	.000	29.63	.01
INPATIENT HOSPITAL SURGERY	14	49	5,634.89	115.00	.003	402.49	.39
PRINCIPAL SURGEON	11	12	4,629.09	385.76	.001	420.83	.32
ASSISTANT SURGEON	1	1	110.57	110.57	.000	110.57	.01
ANESTHESIOLOGIST	3	36	895.23	24.87	.002	298.41	.06
OUTPATIENT SURGERY	54	1 36 102	17,302.19	169.63	.007	320.41	1.20
PRINCIPAL SURGEON	47	58	15,963.14	275.23	.004	339.64	1.11
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	10	44	1,339.05	30.43	.003	133.91	.09
DIALYSIS	14	37	5,617.02	151.81	.003	401.22	.39
PATHOLOGY	30	41	803.72	19.60	.003	26.79	.06
RADIOLOGY	163	359	20,209.74	56.29	.025	123.99	1.40
PSYCHIATRY	4	5	164.90	32.98	.000	41.23	.01
IMMUNIZATION AND INJECTION	26	319	930.38	2.92	.022	35.78	.06
OTHER SERVICES/ALL X-OVERS	1,104	2,260	39,370.09	17.42	.157	35.66	2.73
@PHARMACY	10,563	113,646 \$		\$ 26.18	7.875 \$	281.69	\$ 206.19
PRESCRIPTION DRUGS	10,427	54,555	2,904,517.06	53.24	3.780	278.56	201.27
SNF/ICF	5,802	35,691	1,768,124.63	49.54			122.52
OUTPATIENTS	4,743	18,864	1,136,392.43	60.24	2.473 1.307	239.59	78.75
MEDICAL SUPPLIES	754	59,091	71,015.25	1.20	4.095	94.18	4.92
	724	2,062 \$				151.40	
		1,340	24,507.01	18.29	.093	43.68	1.70
ORAL SURGERY	561 108 0 0 16 13	257	11,142.00	43.35	.018	103.17	.77
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	16		2,237.00	139.81	.001	139.81	.16
ENDODONTICS	13	16 14	2,585.00	184.64	.001	198.85	.18
RESTORATIVE DENTISTRY	56	114	7,805.00	68.46	.008	139.38	.54
PROSTHETICS	4	5	120.00	24.00		30.00	.01
DENTIRES STAVELATES	123	312	61,220.00	196.22	.022	497.72	4.24
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	13	4	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES					PAGE 9,754
MOP024	FEE-FOR-SERVICE						03/14/05
PLACER COUNTY		/ICES FOR MEDICALLY	NEEDY - AGED				
					MON	THLY AVERA	GE
14,431 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
,		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	238	600 \$	13,080.00		.042 \$		
DIAGNOSTIC AND ANC. PROCED	65	68	2,190.14	32.21	.005	33.69	.15
EYE APPLIANCES	161	469	8,354.01	17.81	.032	51.89	.58
OTHER OPTOMETRIC SERVICES	15	63	2 535 85	40.25			1.0

14,431 ELIGIBLES	USERS	UNIIS OF SERVICE	_	EVERNOTIONES	AVE	LRAGE COSI	UNIIS/DAI	5	COSI PER	COSI PER
		OR DAYS OF CARE	3		PEF	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	238	600	\$	13,080.00	\$	21.80	.042	\$	54.96	\$.91
DIAGNOSTIC AND ANC. PROCED	65	68		2,190.14		32.21	.005		33.69	.15
EYE APPLIANCES	161	469		8,354.01		17.81	.032		51.89	.58
OTHER OPTOMETRIC SERVICES	45	63		2,535.85		40.25	.004		56.35	.18
@CHIROPRACTOR	1	2	\$	33.44	\$	16.72	.000	\$	33.44	\$.00
VISITS	0	0		.00		.00	.000		.00	.00
OTHER SERVICES	1	2		33.44		16.72	.000		33.44	.00
@PODIATRIST	794	864	\$	6,902.19	\$	7.99	.060	\$	8.69	\$.48
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	.00
OTHER	794	864		6,902.19		7.99	.060		8.69	.48
@HOME HEALTH AGENCY	10	72	\$	5,116.38	\$	71.06	.005	\$	511.64	\$.35
NURSE ANESTHESIST	2	9	\$	99.56	\$	11.06	.001	\$	49.78	\$.01

NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	4	\$ 73.62	\$ 18.41	.000	\$ 36.81	\$.01
@TOTAL HOSPITAL	563	4,666	\$ 264,386.34	\$ 56.66	.323	\$ 469.60	\$ 18.32
HOSP INPATIENT TOTAL	106	93	185,380.55	1993.34	.006	1748.87	12.85
HSC HOSPITALS	15	65	73,620.99	1132.63	.005	4908.07	5.10
NON-HSC HOSPITAL TOTAL	6	28	44,332.84	1583.32	.002	7388.81	3.07
ACCOMMODATIONS	6	28	18,667.70	666.70	.002	3111.28	1.29
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	6	28	18,667.70	666.70	.002	3111.28	1.29
ANCILLARIES	6	0	25,665.14	.00	.000	4277.52	1.78
INPATIENT CROSSOVERS	86	0	67,426.72	.00	.000	784.03	4.67
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	474	4,573	79,005.79	17.28	.317	166.68	5.47
MEDICAL	43	83	4,103.04	49.43	.006	95.42	.28
SURGERY	13	17	1,459.93	85.88	.001	112.30	.10
PATHOLOGY	99	659	4,697.22	7.13	.046	47.45	.33
RADIOLOGY	49	159	14,107.40	88.73	.011	287.91	.98
ROOM USE	93	135	5,074.33	37.59	.009	54.56	.35
CROSSOVERS/ALL OTH OUTPINT	338	3 , 520	49,563.87	14.08	.244	146.64	3.43
@COUNTY HOSPITAL TOTAL	1	2	\$ 51.77	\$ 25.89	.000	\$ 51.77	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	1	2	51.77	25.89	.000	51.77	.00
MEDICAL	1	1	14.89	14.89	.000	14.89	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	36.88	36.88	.000	36.88	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN	2004 THRU	DEC 2004	PAGE 9,755
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FO	OR MEDICALLY	NEEDY - AGED				

I LACER COUNTI	SOMMANT OF SERV	VICES FOR MEDICAL	TTT 14	EEDI AGED			M	יזא	THLY AVERA	CF	
14,431 ELIGIBLES	USERS	UNITS OF SERVICE	7	EXPENDITURES	7/ 7/7	ERAGE COST					COST PER
14,431 ELIGIBLES	CALCO	OR DAYS OF CAR		EXPENDITORES		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	562	4,664	\$	264,334.57	\$.323			ċ	18.32
-	106	93	Ą	185,380.55	Ą	1993.34	.006	Ą	1748.87	Ą	12.85
COMM HOSP INPATIENT TOTAL	15	93 65									5.10
HSC HOSPITALS				73,620.99		1132.63	.005		4908.07		
NON-HSC HOSPITALS TOTAL	6	28		44,332.84		1583.32	.002		7388.81		3.07
ACCOMMODATIONS	6	28		18,667.70		666.70	.002		3111.28		1.29
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	6	28		18,667.70		666.70	.002		3111.28		1.29
ANCILLARIES	6	0		25,665.14		.00	.000		4277.52		1.78
INPATIENT CROSSOVERS	86	0		67 , 426.72		.00	.000		784.03		4.67
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	473	4 , 571		78 , 954.02		17.27	.317		166.92		5.47
MEDICAL	42	82		4,088.15		49.86	.006		97.34		.28
SURGERY	13	17		1,459.93		85.88	.001		112.30		.10
PATHOLOGY	99	659		4,697.22		7.13	.046		47.45		.33
RADIOLOGY	49	159		14,107.40		88.73	.011		287.91		.98
ROOM USE	92	134		5,037.45		37.59	.009		54.75		.35
CROSSOVERS/ALL OTH OUTPINT	338	3 , 520		49,563.87		14.08	.244		146.64		3.43
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	·	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	6,496	210,172	\$		\$	94.54		Ś	3058.61	Ś	1376.81
LEV A-INTERMEDIATE	40	1,245	•	69,716.16		56.00	.086		1742.90		4.83
LEV B-REHAB MD	16	492		49,403.60		100.41	.034		3087.73		3.42
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	11	366		200,102.30		546.73	.025		18191.12		13.87
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	6,429	208,069		19,549,493.21		93.96	14.418		3040.83		1354.69
@INTERMEDIATE CARE FACILDD	0,123	0	\$.00	\$.00	.000	Ś		Ś	.00
ICF DDH	0	0	Ψ	.00	т	.00	.000	~	.00	Τ.	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	72	1,143	\$		\$	81.16	.079	Ċ	1288.34	Ċ	6.43
HOSPITAL BASED	0	1,143	Ÿ	.00	Ÿ	.00	.000	۲	.00	Ÿ	.00
HEMODIALYSIS CENTER	72	1,143		92,760.70		81.16	.079		1288.34		6.43
@REHABILITATION FACILITY	3	1,143	\$		\$.001	Ċ		Ċ	.02
HOSPITAL BASED	3	9	Ą	247.92	Ą	27.55	.001	٧	82.64	ې	.02
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
			\$		Ċ			.		ċ	.44
@LABORATORY FACILITY	116	566	Ą	6,290.41	\$	11.11	.039	Ş		Ş	
PATHOLOGY	105 11	539		6,181.90		11.47	.037		58.88		.43
XO AND OTHERS		27	Ċ	108.51	ć	4.02	.002	Ċ	9.86	Ċ	.01
@ORGANIZED OUTPATIENT CLINIC	242	431	\$		\$.030	Ş		Ş	3.37
CLINIC	7	17		1,014.52		59.68	.001		144.93		.07

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 8,137.12
 73.31
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 2.73
 SURGICENTER 28 HEROIN DETOX CLINIC 0 RURAL HEALTH CLINIC 209 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,756 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 PLACER COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

MONIBULLY ALIEDACE

----- MONTHLY AVERAGE -----

						MC	ONTHLY AVERA	GE
14,431 ELIGIBLES	USERS U	NITS OF SERVIC	CE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	RE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,437	32,701	\$	510,682.50	\$ 15.62	2.266	\$ 355.38	\$ 35.39
DURABLE MED. EQUIP.	131	693		69,702.10	100.58	.048	532.08	4.83
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	11	11		4,716.78	428.80	.001	428.80	.33
MEDICAL TRANSPORTATION	541	19,746		77,326.74	3.92	1.368	142.93	5.36
AMBULANCES/AIR TRANS	35	195		3,926.56	20.14	.014	112.19	.27
OTHER TRANS	498	19,479		73,145.10	3.76	1.350	146.88	5.07
OTHER SERVICES	19	72		255.08	3.54	.005	13.43	.02
ACUPUNCTURE	14	50		875.86	17.52	.003	62.56	.06
ADULT DAY HEALTH CARE CTR	133	1,766		121,869.54	69.01	.122	916.31	8.44
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	27	238		16,025.99	67.34	.016	593.56	1.11
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	171	384		4,537.14	11.82	.027	26.53	.31
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	122	203		159.95	.79	.014	1.31	.01
PROSTHETIST/ORTHOTISTS	3	9		82.24	9.14	.001	27.41	.01
PROSTHETICS	3	9		82.24	9.14	.001	27.41	.01
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	7	7		54.13	7.73	.000	7.73	.00
SPEECH AND AUDIOLOGY	58	89		12,553.58	141.05	.006	216.44	.87
HOSPICE SERVICES	60	1,729		192,258.90	111.20	.120	3204.32	13.32
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	262	7,776		10,519.55	1.35	.539	40.15	.73
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	2,675	22,453	\$	412,292.19	\$ 18.36	1.556	\$ 154.13	\$ 28.57
0* TOTALS IN THESE LINES ARE GIVE	N AS A SEPARAT	E INFORMATION	ITEM	ONLY;				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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OB VISITS/COMPRE PERI

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,757 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 PLACER COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

33 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 127,524.56 \$ 30.36 127.303 \$ 4397.40 \$ 3864.38 4,201 \$ 6 \$ @TOTAL, ALL PROVIDERS 29
 127,324.36
 \$ 30.36
 127.303
 \$ 4397.40
 \$ 3864.38

 122.73
 \$ 20.46
 .182
 \$ 24.55
 \$ 3.72

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 5 @PHYSICIANS SERVICES 1 OUTPATIENT VISITS 0 OFFICE VISITS 1 HOME VISITS 0 EMERGENCY ROOM 0 Ω PREVENTIVE CARE

0

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	1	1		6.85		6.85	.030		6.85		.21
HOSPITAL VISITS	Λ	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
	1	1		6.85		6.85	.030		6.85		.21
SNF/ICF/TRANS IP CARE	1	1									
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
	0	•									
OUTPATIENT SURGERY	U	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
	0	0									
PSYCHIATRY		U		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0 3 27 27 27 0 8	4		66.68		6.67	.121		22.23		2.02
@PHARMACY	27	3,336	\$	14,660.56	\$	4.39	101.091	\$	542.98	\$	444.26
PRESCRIPTION DRUGS	27	180		12,860.19	7	1.45	5.455		476.30		389.70
SNF/ICF	2.7	179		12,894.55	7	2.04	5.424		477.58		390.74
OUTPATIENTS		1		34.36CF		4.36CR			.00		1.04CR
MEDICAL SUPPLIES	8	3 , 156		1,800.37		.57	95.636		225.05		54.56
	1	0, =00	Ċ	-				Ċ		Ċ	
@DENTIST		2	\$	75.00		7.50	.061	Ş		Þ	2.27
VISITS - DIAGNOSTIC	1	2		75.00	3	7.50	.061		75.00		2.27
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0										
DENTURES, STAYPLATES	U	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	TES AND EXPENDITUR	RES M	MONTH-OF-PAYMENT RE	EPORT FO			DEC		PZ	AGE 9,758
MOP024	FEE-FOR-SERVICE		CLO I	IOIVIII OI IZIIZENI KE	di Oiki I O	10 02110 2	2001 111110	DLC	2001	1.1	03/14/05
		,	T 37 N	TEEDY DITND							03/14/03
PLACER COUNTY	SUMMARY OF SER	VICES FOR MEDICAL	ע גידי	MEEDY - BLIND							
			_				M				
33 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES					COST PER		COST PER
		OR DAYS OF CARE	3		PER UN	IT/DAY	PER ELIG		USER	E	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	Ċ		Ċ			Ċ	.00	Ċ	.00
•	•		\$.00	\$.00	.000	Ą		Ş	
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3	21 \$	339.66	\$ 16.17	.636	\$ 113.22	\$ 10.29
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	21	339.66	16.17	.636	113.22	10.29
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	21	339.66	16.17	.636	113.22	10.29
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES	MONTH-OF-PAYMENT RI	EPORT FOR JAN	2004 THRU D	EC 2004	PAGE 9,759
MOP024	FEE-FOR-SERVICE	/DENTAL					03/14/05
PLACER COUNTY	SUMMARY OF SERV	ICES FOR MEDICALLY	NEEDY - BLIND				
					MC	NTHLY AVERA	GE
33 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	T UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY			
@COMMUNITY HOSPITAL TOTAL	3	21 \$		\$ 16.17		\$ 113.22	\$ 10.29
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	21	339.66	16.17	.636	113.22	10.29
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	3	21	339.66	16.17	.636	113.22	10.29
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	15	425	\$ 41,504.49	\$ 97.66	12.879	\$ 2766.97	\$ 1257.71
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	15	425	41,504.49	97.66	12.879	2766.97	1257.71
@INTERMEDIATE CARE FACILDD	12	366	\$ 69,336.33	\$ 189.44		\$ 5778.03	\$ 2101.10
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	12	366	69,336.33	189.44	11.091	5778.03	2101.10
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00		\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	Ü	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$.00		.00	.000	•	\$.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00		.00	.000	.00		.00
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITURES M	ONTH-OF-PAYMENT	REPORT	FOR JAN	2004 THRU D	EC 2004	PAGE	9,760
MOP024	FEE-FOR-SERVICE/I	DENTAL						03	3/14/05
PLACER COUNTY	SUMMARY OF SERVIO	CES FOR MEDICALLY N	EEDY - BLIND						
						MO	NTHLY AVERA	GE	
33 ELIGIBLES	USERS (JNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER	COST	PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG	USER	ELIC	FIBLE
@ALL OTHER PROVIDERS	11	45 \$	1,485.79	\$	33.02	1.364	\$ 135.07	\$ 4	15.02
DURABLE MED. EQUIP.	0	0	.00		.00	.000	.00		.00
BLOOD BANK	0	0	.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0	.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	1	10	71.42		7.14	.303	71.42		2.16
AMBULANCES/AIR TRANS	0	0	.00		.00	.000	.00		.00
OTHER TRANS	1	10	71.42		7.14	.303	71.42		2.16
	•		0.0		0.0	0.00	0.0		0.0

DURABLE MED. EQUIP.	0	0	.00)	.00	.000	.00)	.00
BLOOD BANK	0	0	.00)	.00	.000	.00)	.00
HEARING AID DISPENSERS	0	0	.00)	.00	.000	.00)	.00
MEDICAL TRANSPORTATION	1	10	71.42	2	7.14	.303	71.42		2.16
AMBULANCES/AIR TRANS	0	0	.00)	.00	.000	.00)	.00
OTHER TRANS	1	10	71.42	2	7.14	.303	71.42		2.16
OTHER SERVICES	0	0	.00)	.00	.000	.00)	.00
ACUPUNCTURE	0	0	.00)	.00	.000	.00)	.00
ADULT DAY HEALTH CARE CTR	0	0	.00)	.00	.000	.00)	.00
GENETIC DISEASE TESTING	0	0	.00)	.00	.000	.00)	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00)	.00	.000	.00)	.00
OCCUPATIONAL THERAPIST	0	0	.00)	.00	.000	.00)	.00
OPTICIAN	0	0	.00)	.00	.000	.00)	.00
PHYSICAL THERAPIST	0	0	.00)	.00	.000	.00)	.00
PORTABLE X-RAY	0	0	.00)	.00	.000	.00)	.00
PROSTHETIST/ORTHOTISTS	0	0	.00		.00	.000	.00		.00
PROSTHETICS	0	0	.00		.00	.000	.00)	.00
ORTHOTICS	0	0	.00)	.00	.000	.00)	.00
PSYCHOLOGIST	0	0	.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	9	33	1,372.96	5	41.60	1.000	152.55	,	41.60
HOSPICE SERVICES	0	0	.00		.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0	.00)	.00	.000	.00)	.00
LOCAL EDUCATION AGENCIES	0	0	.00		.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00)	.00	.000	.00)	.00
RESPIRATORY CARE PRACT.	0	0	.00)	.00	.000	.00)	.00
PED SUBACUTE REHAB/WEANING	0	0	.00)	.00	.000	.00)	.00
ALL OTHER PROVIDERS	1	2	41.41	L	20.71	.061	41.41		1.25
@CALIF. CHILDREN SERVICES*	0	0	\$.00)	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	8	27	\$ 1,262.19	9	\$ 46.75	.818	\$ 157.77	\$	38.25

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,761
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
PLACER COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

							MC	NTHLY AVERA	GE	
7,531 ELIGIBLES	USERS	UNITS OF SERVICE	Ē	EXPENDITURES	AVER	AGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	C		PER 1	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	6 , 951	236,380	\$	9,333,126.92	\$	39.48	31.388	\$ 1342.70	\$	1239.29
@PHYSICIANS SERVICES	1,778	6,915	\$	300,283.81	\$	43.42	.918	\$ 168.89	\$	39.87

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	694	1,043	39,313.44	37.69	.138	56.65	5.22
OFFICE VISITS	495	710	21,494.81	30.27	.094	43.42	2.85
HOME VISITS	5	2	68.60	34.30	.000	13.72	.01
EMERGENCY ROOM	164	221	14,996.36	67.86	.029	91.44	1.99
PREVENTIVE CARE	1	1	43.85		.000	43.85	.01
OB VISITS/COMPRE PERI	0	0	.00		.000	.00	.00
OTHER OUTPATIENT	96	109	2,709.82		.014	28.23	.36
INPATIENT VISITS	197	951	37,740.16		.126	191.57	5.01
HOSPITAL VISITS	146	844	31,264.18		.112	214.14	4.15
	9						
CRITICAL CARE		39	4,258.48		.005	473.16	.57
SNF/ICF/TRANS IP CARE	53	68	2,217.50		.009	41.84	.29
OPHTHALMOLOGICAL SERVICES	20	25	1,046.05		.003	52.30	.14
EXAMINATIONS	20	25	1,046.05		.003	52.30	.14
SERVICES AND MATERIALS	0	0	.00		.000	.00	.00
INPATIENT HOSPITAL SURGERY	86	514	42,274.59		.068	491.57	5.61
PRINCIPAL SURGEON	65	103	31,716.73		.014	487.95	4.21
ASSISTANT SURGEON	5	5	1,404.48	280.90	.001	280.90	.19
ANESTHESIOLOGIST	32	406	9,153.38	22.55	.054	286.04	1.22
OUTPATIENT SURGERY	114	272	31,046.93	114.14	.036	272.34	4.12
PRINCIPAL SURGEON	93	134	27,039.96	201.79	.018	290.75	3.59
ASSISTANT SURGEON	2	2	293.74	146.87	.000	146.87	.04
ANESTHESIOLOGIST	28	136	3,713.23		.018	132.62	.49
DIALYSIS	19	106	7,484.10		.014	393.90	.99
PATHOLOGY	69	166	3,270.81		.022	47.40	.43
RADIOLOGY	364	864	66,300.84		.115	182.15	8.80
PSYCHIATRY	1	1	32.98		.000	32.98	.00
IMMUNIZATION AND INJECTION	46	307	20,330.72		.041	441.97	2.70
OTHER SERVICES/ALL X-OVERS	940	2,666	51,443.19		.354	54.73	6.83
@PHARMACY	5 , 416	98,224 \$	•		13.043		
PRESCRIPTION DRUGS	5,333	27,254	2,764,700.50		3.619	518.41	367.11
	819	6,086	483,135.24		.808	589.91	64.15
SNF/ICF			•				
OUTPATIENTS	4,550	21,168	2,281,565.26		2.811	501.44	302.96
MEDICAL SUPPLIES	501	70,970	69,843.73		9.424	139.41	9.27
@DENTIST	411	1,675 \$	69,063.50		.222		
VISITS - DIAGNOSTIC	292	1,075	15,077.30		.143	51.63	2.00
ORAL SURGERY	72	197	9,121.00		.026	126.68	1.21
DRUGS	4	4	50.00		.001	12.50	.01
ANESTHESIA	0	0	.00		.000	.00	.00
PERIODONTICS	19	26	2,488.00		.003	130.95	.33
ENDODONTICS	32	43	8,849.00		.006	276.53	1.18
RESTORATIVE DENTISTRY	104	235	14,699.20		.031	141.34	1.95
PROSTHETICS	6	6	180.00		.001	30.00	.02
DENTURES, STAYPLATES	49	86	18,479.00		.011	377.12	2.45
SPACE MAINTAINERS	1	1	120.00	120.00	.000	120.00	.02
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	6	2	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2004 THRU D	EC 2004	PAGE 9,762
MOP024	FEE-FOR-SERVICE	/DENTAL					03/14/05
PLACER COUNTY	SUMMARY OF SERV	ICES FOR MEDICALLY	NEEDY - DISABLED				
					MOI	NTHLY AVERA	GE
7,531 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
·		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	123	318 \$	6,449.48		.042	\$ 52.43	\$.86
DIAGNOSTIC AND ANC. PROCED	35	36	1,551.10		.005	44.32	.21
			,		.		

EYE APPLIANCES	96	263		4,254.17		16.18	.035		44.31		.56
OTHER OPTOMETRIC SERVICES	12	19		644.21		33.91	.003		53.68		.09
@CHIROPRACTOR	6	12	\$	200.64	\$	16.72	.002		33.44	\$.03
VISITS	6	12		200.64		16.72	.002		33.44		.03
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	89	167	\$	1,615.84	\$	9.68	.022	\$	18.16	\$.21
MEDICINE/INJECTIONS	4	5		153.20		30.64	.001		38.30		.02
SURGERY/ANES.	2	2		108.14		54.07	.000		54.07		.01
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	84	160		1,354.50		8.47	.021		16.13		.18
@HOME HEALTH AGENCY	115	20,298	\$	607,314.85	\$	29.92	2.695	\$	5281.00	\$	80.64
NURSE ANESTHESIST	1	20	\$	39.72	\$	1.99	.003	\$	39.72	\$.01
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	4	21	\$	401.91	\$	19.14	.003		100.48		.05
@TOTAL HOSPITAL	877	6 , 783	\$	1,203,661.93	\$	177.45	.901		1372.48		159.83
HOSP INPATIENT TOTAL	148	798		1,060,508.06		1328.96	.106		7165.60	·	140.82
HSC HOSPITALS	75	547		659,482.95		1205.64	.073		8793.11		87.57
NON-HSC HOSPITAL TOTAL	32	251		357,838.39		1425.65	.033		11182.45		47.52
ACCOMMODATIONS	32	251		128,131.74		510.49	.033		4004.12		17.01
ADMINISTRATIVE DAYS	2	11		2,486.34		226.03	.001		1243.17		.33
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	30	240		125,645.40		523.52	.032		4188.18		16.68
ANCILLARIES	32	0		229,706.65		.00	.000		7178.33		30.50
INPATIENT CROSSOVERS	48	Õ		43,186.72		.00	.000		899.72		5.73
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	769	5 , 985		143,153.87		23.92	.795		186.16		19.01
MEDICAL	145	246		10,329.60		41.99	.033		71.24		1.37
SURGERY	55	66		2,559.18		38.78	.009		46.53		.34
PATHOLOGY	266	1,612		14,529.43		9.01	.214		54.62		1.93
	153	249		23,357.44		93.80	.033		152.66		3.10
RADIOLOGY ROOM USE	306	479				36.02	.064		56.39		2.29
	434	3,333		17,255.42 75,122.80		22.54			173.09		9.98
CROSSOVERS/ALL OTH OUTPTNT	0	•	\$	•	\$.00	.443		.00	ċ	.00
@COUNTY HOSPITAL TOTAL	0	0	Ą	.00	Ş					Ą	
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	~			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000		.00		.00
	MEDI-CAL SERVICES AND H	EXPENDITU	RES MO	ONTH-OF-PAYMENT RE	PORT	FOR JAN 2004	1 THRU	DEC	2004	PA	GE 9,763
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR	R MEDICA	LLY NE	EEDY - DISABLED							
							1	MONT!	HIY AVERA	CF -	

		OD DAVE OF CARE			חשר	R UNIT/DAY	DED ELLO		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	877	OR DAYS OF CARE 6,783	\$	1,203,661.93		177.45			1372.48		
		798	Y	1,060,508.06		1328 96	106	Y	7165.60	Y	140.82
HSC HOSPITALS	148 75	547		659,482.95		1205.64	.073		8793.11		87.57
NON-HSC HOSPITALS TOTAL	32	251		357,838.39		1425 65	.033		11182.45		47.52
7 CCO10/0 D 7 ET C11C	2.0	251		128,131.74		1425.65 510.49	.033		4004.12		17.01
ADMINISTRATIVE DAYS		11		2,486.34		226.03	.001		1243.17		.33
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	30	240		125,645.40		523.52	.032		4188.18		16.68
ANCILLARIES	32	0		229,706.65		.00	.000		7178.33		30.50
INPATIENT CROSSOVERS	48	0		43,186.72		.00	.000		899.72		5.73
ALL OTHER INPATIENT	0	0		.00		.00	.000				.00
COMM HOSP OUTPATIENT TOTAL	769	0 5 , 985 246		143,153.87		23.92	.795		.00 186.16 71.24		19.01
MEDICAL	145	246		10,329.60		23.92 41.99	.033		71.24		1.37
SURGERY	55	66		2,559.18		38.78	.009		46.53		.34
PATHOLOGY	0.00	1,612		14,529.43		38.78 9.01	.214		54.62		1.93
RADIOLOGY	153	249		23,357.44		93.80	.033		152.66		3.10
ROOM USE	306	479		17,255.42		36.02	.064		56.39		2.29
CROSSOVERS/ALL OTH OUTPTNT	434	3,333		75,122.80		93.80 36.02 22.54	.443		173.09		9.98
@STATE HOSPITAL	12	366	\$	191,328.28	\$	522.75	.049	\$	15944.02	\$	25.41
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	12	366		191,328.28		522.75	.049		15944.02		25.41
@NURSING FACILITY	508	17,015	\$	2,022,466.88	\$	118.86	2.259	\$	3981.23	\$	268.55
LEV A-INTERMEDIATE	1	40		2,717.60		67.94	.005		2717.60		.36
LEV B-REHAB MD	6	275		23,046.76		83.81 366.32	.037		3841.13 7143.24		3.06
PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE	2	275 39 455		14,286.48		366.32					1.90
LEV B-SUBACUTE HSPTL BASED	11	455		245,873.35		540.38	.060		22352.12		32.65
LEV B-TRANSITIONAL IP CARE	0 490 276 96 0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	490	16,206		1,736,542.69		107.15	2.152				230.59
@INTERMEDIATE CARE FACILDD	276	8,418	\$		\$	177.03			5399.32	\$	
ICF DDH	96	2,928		444,605.20		151.85	.389				59.04
ICF DD	0	0		.00		.00 190.46	.000		.00		.00
ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED	180	5,490		1,045,606.00		190.46	.729		5808.92		138.84
CHEMODIALYSIS TOTAL	89	2,199	\$	107,936.25	Ş	49.08		Ş	1212.77		14.33
HOSPITAL BASED	U	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	89	2,199	ċ	107,936.25		49.08	.292	ć	1212.77	<u>_</u>	14.33
GREHABILITATION FACILITY	8	98 64	\$	2,692.70 2,003.23	\$	27.48 31.30	.013	Þ	336.59 333.87	Ş	.36 .27
TADEDENDEND EACTITUV	0	34		2,003.23 689.47		31.30	.005		344.74		.09
@LABORATORY FACILITY	201	1,039	\$	13,007.15	Ċ	20.28 12.52	.138	Ċ		Ċ	1.73
PATHOLOGY	267	1,008	۲	12,845.23	Ą	12.74	.134	٧	48.11	ې	1.71
HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	14	31		161.92		5.22	.004		11.57		.02
@ORGANIZED OUTPATIENT CLINIC	489	839	\$	112,476.36	Ś	134.06	.111	Ś		Ś	14.94
CLINIC	25	52	۲	1,552.10	Y	29 85	.007	٧	62 08	Υ	.21
SURGICENTER	30	109		4,442.36		29.85 40.76	.014		62.08 148.08		.59
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC				106,481.90							
				MONTH-OF-PAYMENT R							AGE 9,764
MOP024	FEE-FOR-SERVICE										03/14/05
PLACER COUNTY		ICES FOR MEDICAL	LY	NEEDY - DISABLED							, , ,
							M	IONT	HLY AVERA	GE	
7,531 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST					COST PER
		OR DAYS OF CARE				R UNIT/DAY					ELIGIBLE
@ALL OTHER PROVIDERS	1,221	71,973	\$	369,432.19	\$	5.13	9.557	\$	302.57	\$	49.05
DURABLE MED. EQUIP.	105	482		59,406.58		123.25	.064		565.78		7.89
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	195	14,403	53,566.17	3.72	1.912	274.70	7.11
AMBULANCES/AIR TRANS	91	753	12,752.18	16.94	.100	140.13	1.69
OTHER TRANS	105	13,619	38,976.95	2.86	1.808	371.21	5.18
OTHER SERVICES	9	31	1,837.04	59.26	.004	204.12	.24
ACUPUNCTURE	1	2	43.25	21.63	.000	43.25	.01
ADULT DAY HEALTH CARE CTR	44	673	45,811.74	68.07	.089	1041.18	6.08
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	40	150	16,275.24	108.50	.020	406.88	2.16
OCCUPATIONAL THERAPIST	1	28	113.17	4.04	.004	113.17	.02
OPTICIAN	104	238	2,478.40	10.41	.032	23.83	.33
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	8	13	6.84	.53	.002	.86	.00
PROSTHETIST/ORTHOTISTS	8	40	2,597.32	64.93	.005	324.67	.34
PROSTHETICS	8	40	2,597.32	64.93	.005	324.67	.34
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	6	6	123.89	20.65	.001	20.65	.02
SPEECH AND AUDIOLOGY	271	1,084	43,554.39	40.18	.144	160.72	5.78
HOSPICE SERVICES	22	308	38,130.17	123.80	.041	1733.19	5.06
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	220	10,546	51 , 906.18	4.92	1.400	235.94	6.89
EPSDT SUPPLEMENTAL SERVICE	4	234	6,881.76	29.41	.031	1720.44	.91
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	327	43,766	48,537.09	1.11	5.811	148.43	6.44
@CALIF. CHILDREN SERVICES*	95	9 , 975	\$ 85,028.39	\$ 8.52			•
@XOVER EXCLUDING STATE HOSP**	1,187	15 , 299	\$ 180,581.82	\$ 11.80	2.031	\$ 152.13	\$ 23.98

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,765 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

FEE-FOR-SERVICE/DENTAL

MOP024

PLACER COUNTY	SUMMARY OF SERV	ICES FOR MEDICALLY N	EEDY - FAMILIES				
0.5 .5.0					MON		
85,769 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	37,606	185,888 \$		\$ 57.27	2.167 \$		\$ 124.13
@PHYSICIANS SERVICES	17,526		1,847,146.92		.489 \$		
OUTPATIENT VISITS	13 , 942	18,714	684,332.42		.218	49.08	7.98
OFFICE VISITS	9,958	12,738	399,259.21	31.34	.149	40.09	4.66
HOME VISITS	0	0	.00 166,616.45	.00	.000	.00	.00
EMERGENCY ROOM	2,819	3,185	166,616.45	.00 52.31 50.16 68.01 23.26	.037	59.10	1.94
PREVENTIVE CARE	, 4 723	4 1 , 194	200.64	50.16	.000	50.16	.00
OB VISITS/COMPRE PERI	723	1,194	81,199.23	68.01		112.31	.95
OTHER OUTPATIENT	1,471		37,056.89	23.26		25.19	.43
INPATIENT VISITS	620 592 56 1	2,373	141,741.76	59.73	.028	228.62	1.65
HOSPITAL VISITS	592	1,890	11,102.01	41.15	.022	131.39	.91
CRITICAL CARE	56	481	63,885.29	132.82 37.20 39.92	.006	1140.81	.74
SNF/ICF/TRANS IP CARE	1	2 127	74.40	37.20	.000	74.40	.00
OPHTHALMOLOGICAL SERVICES	103	127	5,069.84	39.92	.001	49.22	.06
F:XAMINA'I'IONS	98	122	4,994.30	40.94 15.11	.001	50.96	.06
SERVICES AND MATERIALS	5 669 444	122 5	75.54	15.11	.000	15.11	.00
INPATIENT HOSPITAL SURGERY	669	2,831	365,188.60	129.00	.033	545.87	4.26
PRINCIPAL SURGEON	444	512	292,722.53	571.72	.006	659.28	3.41
ASSISTANT SURGEON	444 103 252		18,345.41	179.86	.001	178.11	.21
ANESTHESTOLOGIST	252	2.217	54.120.66	24.41	.026	214.76	.63
OUTDATTENT CUDCEDY	1 2/0	2,554	177,550.15	69.52	.030	142.15	2.07
PRINCIPAL SURGEON	1 091	1,439	147,470.44	102.48	.017	135.17	1.72
ASSISTANT SURGEON	1,031	15	1,636.75	109.12	.000	109.12	.02
ANESTHESIOLOGIST	230	1,100	28,442.96	25.86	.013	123.67	.33
PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY	1	1 , 100	339 60	56 60	.000	339.60	.00
PATHOLOGY	1 530	2,124	339.60 29,694.17	13 08	.025	19.41	.35
RADIOLOGY	3,296	5,280	282,173.25	53.44	.062	85.61	3.29
PSYCHIATRY	131	143	4,716.14	32.98	.002	36.00	.05
IMMUNIZATION AND INJECTION		143	36,243.00	41.09	.010	89.71	.42
OTHER SERVICES/ALL X-OVERS	1 522	6 006	120,097.99	17.39	.010	78.39	1.40
O DILA DNA CIA	404 1,532 18,210 18,094	882 6 , 906 52,726 \$	2,925,452.20		.615 \$		
@PHARMACY	18,210	52 , 120 9					
PRESCRIPTION DRUGS	18,094	40,798	2,531,728.03	62.06	.476	139.92	29.52
SNF/1CF	31	217	8,924.33	41.13	.003	287.88	.10
OUTPATIENTS	18,0/4	40,581	2,522,803.70	62.17	.473	139.58	29.41
MEDICAL SUPPLIES	4 / /	11,928	393,724.17	33.01	.139	825.42	4.59
@DENTIST	4,45/	21,516 \$	676,061.92		.251 \$		
PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS	3,312	14,791	221,305.45	14.96	.172	66.82	2.58
ORAL SURGERY	564	1,115	58,952.30	52.87	.013	104.53	.69
DRUGS	210	231	5,243.75	22.70	.003	24.97	.06
ANESTHESIA	12	12	1,250.00	104.17	.000	104.17	.01
PERIODONTICS	61	61	6,219.20	101.95	.001	101.95	.07
21.20201.1100	100	776	120,552.16	155.35	.009	281.01	1.41
RESTORATIVE DENTISTRY	1,460	3,994	220,547.21	55.22	.047	151.06	2.57
PROSTHETICS	26	27	758.50	28.09	.000	29.17	.01
DENTURES, STAYPLATES	67	173	21,546.00	124.54	.002	321.58	.25
SPACE MAINTAINERS	39	48	4,748.00	98.92	.001	121.74	.06
MAXILLOFACIAL SERVICES	8	8	2,894.35	361.79	.000	361.79	.03
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	100	140	11,520.00	82.29	.002	115.20	.13
ALL OTHER SERVICES	135	140	525.00	3.75	.002	3.89	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES MO	ONTH-OF-PAYMENT RE	EPORT FOR JAN 2		C 2004	PAGE 9,766
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03/14/05

PLACER COUNTY	SUMMARY OF SER	VICES FOR MEDICAL	LY NE	EDY - FAMILIES			M	^NIM		C E	
85,769 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7\ \ 7	ERAGE COST	MO			GĽ	COST PER
03,709 ELIGIBLES	OSERS	OR DAYS OF CARE		EVLENDIIOVES		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	931	2,612	\$	59,030.08	\$	22.60	.030		63.41		.69
DIAGNOSTIC AND ANC. PROCED	679	706	Ψ	30,111.80	Υ	42.65	.008	Ψ	44.35	Ψ	.35
EYE APPLIANCES	681	1,878		28,119.12		14.97	.022		41.29		.33
OTHER OPTOMETRIC SERVICES	23	28		799.16		28.54	.000		34.75		.01
@CHIROPRACTOR	175	277	\$		\$.003	Ś	26.30	Ś	.05
VISITS	175	277	7	4,602.18	т.	16.61	.003	7	26.30	7	.05
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	82	118	\$		\$.001	Ś	47.38	Ś	.05
MEDICINE/INJECTIONS	68	87		3,171.74		36.46	.001		46.64		.04
SURGERY/ANES.	2	2		107.04		53.52	.000		53.52		.00
RADIO./PATHOLOGY	3	3		59.74		19.91	.000		19.91		.00
OTHER	15	26		546.67		21.03	.000		36.44		.01
@HOME HEALTH AGENCY	50	170	\$	10,361.57	\$	60.95	.002	\$	207.23	\$.12
NURSE ANESTHESIST	2	14	\$	309.06	\$	22.08	.000	\$	154.53	\$.00
NURSE MIDWIFE	8	74	\$	1,896.08	\$	25.62	.001	\$	237.01	\$.02
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	21	59	\$	1,607.06	\$	27.24	.001	\$	76.53	\$.02
@TOTAL HOSPITAL	7,035	30,099	\$	3,963,494.40	\$	131.68	.351	\$	563.40	\$	46.21
HOSP INPATIENT TOTAL	576	2,320		3,230,189.60		1392.32	.027		5607.97		37.66
HSC HOSPITALS	384	1 , 567		2,011,856.09		1283.89	.018		5239.21		23.46
NON-HSC HOSPITAL TOTAL	190	753		1,209,715.91		1606.53	.009		6366.93		14.10
ACCOMMODATIONS	190	753		430,218.48		571.34	.009		2264.31		5.02
ADMINISTRATIVE DAYS	1	1		173.48		173.48	.000		173.48		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	189	752		430,045.00		571.87	.009		2275.37		5.01
ANCILLARIES	190	0		779,497.43		.00	.000		4102.62		9.09
INPATIENT CROSSOVERS	8	0		8,617.60		.00	.000		1077.20		.10
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	6,687	27,779		733,304.80		26.40	.324		109.66		8.55
MEDICAL	892	1,321		50,164.81		37.97	.015		56.24		.58
SURGERY	631	728		26,584.44		36.52	.008		42.13		.31
PATHOLOGY	2,657	11,073		120,062.86		10.84	.129		45.19		1.40
RADIOLOGY	1,591	2,365		171,942.36		72.70	.028		108.07		2.00
ROOM USE	4,617	5,707		211,278.32		37.02	.067		45.76		2.46
CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL	2,271 11	6 , 585	Ċ	153,272.01	ċ	23.28 107.84	.077	ċ	67.49	ċ	1.79
	2	55	\$	5,931.23 3,864.02	Ş	107.84	.001	Ş	539.20 1932.01	Þ	.07 .05
CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS	2	3		3,864.02		1288.01	.000		1932.01		.05
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	10	52		2 , 067.21		39.75	.001		206.72		.02
MEDICAL	1	1		31.81		31.81	.000		31.81		.00
SURGERY	5	7		559.23		79.89	.000		111.85		.01
PATHOLOGY	4	19		324.72		17.09	.000		81.18		.00
RADIOLOGY	1	1		27.59		27.59	.000		27.59		.00
ROOM USE	4	9		543.14		60.35	.000		135.79		.01

CROSSOVERS/ALL OTH OUTPINT 7 15 580.72 38.71 .000 82.96 .01 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,767

PLACER COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

03/14/05

				-			M	ONT	HLY AVERA	GE	
85,769 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVEF	RAGE COST	UNITS/DAY		COST PER		COST PER
,		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7 , 027 574		Ś	3,957,563.17		131.73	.350		563.19		46.14
COMM HOSP INPATIENT TOTAL	574	2,317		3,226,325.58		392.46	.027		5620.78		37.62
HSC HOSPITALS	382	1,564		2,007,992.07		283.88	.018		5256.52		23.41
NON-HSC HOSPITALS TOTAL	190	753		1,209,715.91		606.53	.009		6366.93		14.10
ACCOMMODATIONS	190	753		430,218.48		571.34	.009		2264.31		5.02
ADMINISTRATIVE DAYS	1	1		173.48		173.48	.000		173.48		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	189	752		430,045.00		571.87	.009		2275.37		5.01
ANCILLARIES	190	0		779,497.43		.00	.000		4102.62		9.09
INPATIENT CROSSOVERS	8	0		8,617.60		.00	.000		1077.20		.10
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	6,680	27 , 727		731,237.59		26.37	.323		109.47		8.53
MEDICAL	891	1,320		50,133.00		37.98	.015		56.27		.58
SURGERY	626	721		26,025.21		36.10	.008		41.57		.30
PATHOLOGY	2,654	11,054		119,738.14		10.83	.129		45.12		1.40
RADIOLOGY	1,591	2,364		171,914.77		72.72	.028		108.05		2.00
ROOM USE	4,614	5 , 698		210,735.18		36.98	.066		45.67		2.46
CROSSOVERS/ALL OTH OUTPTNT	2,267	6 , 570		152,691.29		23.24	.077		67.35		1.78
@STATE HOSPITAL	2,207	•	Ś	.00	\$.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
DEVELOP. DISABLED	•	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0 12	346	Ś	34,910.59	Ś	100.90	.004	\$		S	.41
LEV A-INTERMEDIATE	0	0	Υ	.00	Y	.00	.000	Υ	.00	7	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B SUBACUTE PREESTANDING LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	12	346		34,910.59		100.90	.004		2909.22		.41
@INTERMEDIATE CARE FACILDD	0	0	¢	.00	\$.00	.000	\$		\$.00
ICF DDH	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
ICF DDN	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	6	_	Ś	7,919.34	\$	85.15	.001	¢		\$.09
HOSPITAL BASED	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
HEMODIALYSIS CENTER	6	93		7,919.34		85.15	.001		1319.89		.09
@REHABILITATION FACILITY	17		\$	1,660.80	\$	37.75	.001	Ś		\$.02
HOSPITAL BASED	17	44	Υ	1,660.80	Y	37.75	.001	Υ	97.69	7	.02
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3 , 148		Ś	136,193.37	\$	14.20	.112	Ś	43.26	Ś	1.59
PATHOLOGY	3,146	9 , 586	Y	136,130.02	Y	14.20	.112	Y	43.27	Y	1.59
XO AND OTHERS	2	2		63.35		31.68	.000		31.68		.00
@ORGANIZED OUTPATIENT CLINIC	3,158	6,347	Ċ	750,985.06	Ġ	118.32		\$		\$	8.76
CLINIC CLINIC	852	2,535	Y	75,552.02	Y	29.80	.030	Y	88.68	Y	.88
SURGICENTER	78	446		14,706.84		32.97	.005		188.55		.17
HEROIN DETOX CLINIC	0	0		.00		.00	.003		.00		.00
RURAL HEALTH CLINIC	2 , 274	3 , 366		660,726.20		196.29	.039		290.56		7.70
		CES AND EXPENDITURE	'S M		FD\DT			DEC		D	7.70 AGE 9,768
MOP024	FEE-FOR-SERVIC		1 LI	OMIN OF EVILLIPHE VI	۱۱۱۱ عند.	ION UAN 2	7004 11110	טייר	2004	F	03/14/05
MOPUZ4	THE FOR-SERVIC	E/DENIAL	37 371								03/14/03

85,769 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST			COST PER
^	0.000	OR DAYS OF CAR		000 000 01	PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	2,283	19,865	\$	220,909.91		.232		·
DURABLE MED. EQUIP.	189	544		30,679.87	56.40	.006	162.33	.36
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	355	8 , 587		82 , 611.16	9.62	.100	232.71	
AMBULANCES/AIR TRANS	342	3,201		48,731.46	15.22	.037	142.49	.57
OTHER TRANS	13	5 , 372		14,050.06	2.62	.063	1080.77	.16
OTHER SERVICES	14	14		19,829.64	1416.40	.000	1416.40	.23
ACUPUNCTURE	5	13		254.10	19.55	.000	50.82	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	134	134		14,070.00	105.00	.002	105.00	.16
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	1	6		124.19	20.70	.000	124.19	.00
OPTICIAN	671	1,435		13,028.18	9.08	.017	19.42	.15
PHYSICAL THERAPIST	4	19		314.59	16.56	.000	78.65	.00
PORTABLE X-RAY	1	2		.14	.07	.000	.14	.00
PROSTHETIST/ORTHOTISTS	43	71		9,449.01	133.08	.001	219.74	.11
PROSTHETICS	43	71		9,449.01	133.08	.001	219.74	.11
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	1	4		75.97	18.99	.000	75.97	.00
SPEECH AND AUDIOLOGY	75	165		10,982.92	66.56	.002	146.44	.13
HOSPICE SERVICES	3	22		2,983.00	135.59	.000	994.33	.03
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	728	3,379		33,106.48	9.80	.039	45.48	.39
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	134	5,484		23,230.30	4.24	.064	173.36	.27
@CALIF. CHILDREN SERVICES*	348	6,782	\$	1,026,988.65		.079		
@XOVER EXCLUDING STATE HOSP**	177	1,009	\$	31,868.69		.012		
O+ MOMATO TAL MURGE TIMES ADD ST		-	- m x - c	-				

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,769
MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

DOINGING OF DELL	VICED FOR THEFTCH.	TTT 111					
					MO	NTHLY AVERA	GE
USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
57 , 752	797 , 218	\$	44,122,616.12	\$ 55.35	7.398	\$ 764.00	\$ 409.44
20,839	52 , 663	\$	2,260,940.68	\$ 42.93	.489	\$ 108.50	\$ 20.98
14,974	20,199		739,412.60	36.61	.187	49.38	6.86
10,738	13,813		432,563.26	31.32	.128	40.28	4.01
6	3		117.80	39.27	.000	19.63	.00
3,014	3,443		184,521.20	53.59	.032	61.22	1.71
5	5		244.49	48.90	.000	48.90	.00
723	1,194		81,199.23	68.01	.011	112.31	.75
1,603	1,741		40,766.62	23.42	.016	25.43	.38
871	3,444		184,393.70	53.54	.032	211.70	1.71
772	2,828		112,985.88	39.95	.026	146.35	1.05
66	522		68 , 386.97	131.01	.005	1036.17	.63
74	94		3,020.85	32.14	.001	40.82	.03
172	222		8,847.71	39.85	.002	51.44	.08
	USERS 57,752 20,839 14,974 10,738 6 3,014 5 723 1,603 871 772 666 74	USERS UNITS OF SERVIC OR DAYS OF CAR 57,752 797,218 20,839 52,663 14,974 20,199 10,738 13,813 6 3 3,014 3,443 5 5 723 1,194 1,603 1,741 871 3,444 772 2,828 66 522 74 94	USERS UNITS OF SERVICE OR DAYS OF CARE 57,752 797,218 \$ 20,839 52,663 \$ 14,974 20,199 10,738 13,813 6 3 3,014 3,443 5 5 723 1,194 1,603 1,741 871 3,444 772 2,828 66 522 74 94	USERS UNITS OF SERVICE OR DAYS OF CARE 57,752 797,218 \$ 44,122,616.12 20,839 52,663 \$ 2,260,940.68 14,974 20,199 739,412.60 10,738 13,813 432,563.26 6 3 117.80 3,014 3,443 184,521.20 5 5 244.49 723 1,194 81,199.23 1,603 1,741 40,766.62 871 3,444 184,393.70 772 2,828 112,985.88 66 522 68,386.97 74 94 3,020.85	USERS UNITS OF SERVICE OR DAYS OF CARE 797,218 \$ 44,122,616.12 \$ 55.35 20,839 52,663 \$ 2,260,940.68 \$ 42.93 14,974 20,199 739,412.60 36.61 10,738 13,813 432,563.26 31.32 6 3 117.80 39.27 3,014 3,443 184,521.20 53.59 5 244.49 48.90 723 1,194 81,199.23 68.01 1,603 1,741 40,766.62 23.42 871 3,444 184,393.70 53.54 772 2,828 112,985.88 39.95 66 522 68,386.97 131.01 74 94 3,020.85 32.14	USERS UNITS OF SERVICE OR DAYS OF CARE 57,752 797,218 \$ 44,122,616.12 \$ 55.35 7.398 20,839 52,663 \$ 2,260,940.68 \$ 42.93 .489 14,974 20,199 739,412.60 36.61 .187 10,738 13,813 432,563.26 31.32 .128 6 3 117.80 39.27 .000 3,014 3,443 184,521.20 53.59 .032 5 5 244.49 48.90 .000 723 1,194 81,199.23 68.01 .011 1,603 1,741 40,766.62 23.42 .016 871 3,444 184,393.70 53.54 .032 772 2,828 112,985.88 39.95 .026 66 522 68,386.97 131.01 .005 74 94 3,020.85 32.14 .001	USERS UNITS OF SERVICE OR DAYS OF CARE 57,752 797,218 \$ 44,122,616.12 \$ 55.35 7.398 \$ 764.00 20,839 52,663 \$ 2,260,940.68 \$ 42.93 .489 \$ 108.50 14,974 20,199 739,412.60 36.61 .187 49.38 10,738 13,813 432,563.26 31.32 .128 40.28 6 3 117.80 39.27 .000 19.63 3,014 3,443 184,521.20 53.59 .032 61.22 5 5 244.49 48.90 .000 48.90 723 1,194 81,199.23 68.01 .011 112.31 1,603 1,741 40,766.62 23.42 .016 25.43 871 3,444 184,393.70 53.54 .032 211.70 772 2,828 112,985.88 39.95 .026 146.35 66 522 68,386.97 131.01 .005 1036.17 74 94 3,020.85 32.14 .001 40.82

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	165	213	8,653.65	40.63	.002	52.45	.08
SERVICES AND MATERIALS	9	9	194.06	21.56	.000	21.56	.00
INPATIENT HOSPITAL SURGERY	769	3,394	413,098.08	121.71	.031	537.19	3.83
PRINCIPAL SURGEON	520	627	329,068.35	524.83	.006	632.82	3.05
ASSISTANT SURGEON	109	108	19,860.46	183.89	.001	182.21	.18
ANESTHESIOLOGIST	287	2,659	64,169.27	24.13	.025	223.59	.60
OUTPATIENT SURGERY	1,417	2,928	225,899.27	77.15	.027	159.42	2.10
PRINCIPAL SURGEON	1,231	1,631	190,473.54	116.78	.015	154.73	1.77
ASSISTANT SURGEON	17	17	1,930.49	113.56	.000	113.56	.02
ANESTHESIOLOGIST	268	1,280	33,495.24	26.17	.012	124.98	.31
DIALYSIS	34	149	13,440.72	90.21	.001	395.32	.12
PATHOLOGY	1,629	2,331	33,768.70	14.49	.022	20.73	.31
RADIOLOGY	3,823	6 , 503	368,683.83	56.69	.060	96.44	3.42
PSYCHIATRY	136	149	4,914.02	32.98	.001	36.13	.05
IMMUNIZATION AND INJECTION	476	1,508	57,504.10	38.13	.014	120.81	.53
OTHER SERVICES/ALL X-OVERS	3 , 579	11,836	210,977.95	17.83	.110	58.95	1.96
@PHARMACY	34,216	267 , 932	\$ 8,750,189.30	\$	2.486	\$	\$ 81.20
PRESCRIPTION DRUGS	33,881	122 , 787	8,213,805.78	66.89	1.139	242.43	76.22
SNF/ICF	6 , 679	42,173	2,273,078.75	53.90	.391	340.33	21.09
OUTPATIENTS	27 , 367	80,614	5,940,727.03	73.69	.748	217.08	55.13
MEDICAL SUPPLIES	1,740	145,145	536 , 383.52	3.70	1.347	308.27	4.98
@DENTIST	5 , 593	25 , 255	\$ 854,816.43	\$.234	\$ 152.84	\$ 7.93
VISITS - DIAGNOSTIC	4,166	17,208	260 , 964.76	15.17	.160	62.64	2.42
ORAL SURGERY	744	1,569	79 , 215.30	50.49	.015	106.47	.74
DRUGS	214	235	5 , 293.75	22.53	.002	24.74	.05
ANESTHESIA	12	12	1,250.00	104.17	.000	104.17	.01
PERIODONTICS	96	103	10,944.20	106.25	.001	114.00	.10
ENDODONTICS	474	833	131,986.16	158.45	.008	278.45	1.22
RESTORATIVE DENTISTRY	1,620	4,343	243,051.41	55.96	.040	150.03	2.26
PROSTHETICS	36	38	1,058.50	27.86	.000	29.40	.01
DENTURES, STAYPLATES	239	571	101,245.00	177.31	.005	423.62	.94
SPACE MAINTAINERS	40	49	4,868.00	99.35	.000	121.70	.05

MAXILLOFACIAL SERVICES	8	8	2,894.35	361.79	.000	361.79		.03
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	100	140	11,520.00	82.29	.001	115.20		.11
ALL OTHER SERVICES	154	146	525.00	3.60	.001	3.41		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REF	PORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 9	9,770
MOP024	FEE-FOR-SERVICE/DE	INTAL					03/1	14/05
PLACER COUNTY	SUMMARY OF SERVICE	S FOR MEDICALLY	NEEDY - TOTAL					

PLACER COUNTY	SUMMARY OF SER	VICES FOR MEDICAL	LLY N	EEDY - TOTAL							
							MC			GΕ	
107,764 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		3			COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	1,292	3 , 530	\$	78 , 559.56	\$	22.25	.033	\$	60.80	\$.73
DIAGNOSTIC AND ANC. PROCED	779	810		33,853.04		41.79	.008		43.46		.31
EYE APPLIANCES	938	2,610		40,727.30		15.60	.024		43.42		.38
OTHER OPTOMETRIC SERVICES	80	110		3,979.22		36.17	.001		49.74		.04
@CHIROPRACTOR	182	291	\$	4,836.26	\$	16.62	.003	\$	26.57	\$.04
VISITS	181	289		4,802.82		16.62	.003		26.53		.04
OTHER SERVICES	1	2		33.44		16.72	.000		33.44		.00
@PODIATRIST	965	1,149	\$	12,403.22	\$	10.79	.011	\$	12.85	\$.12
MEDICINE/INJECTIONS	72	92		3,324.94		36.14	.001		46.18		.03
SURGERY/ANES.	4	4		215.18		53.80	.000		53.80		.00
RADIO./PATHOLOGY	3	3		59.74		19.91	.000		19.91		.00
OTHER	893	1,050		8,803.36		8.38	.010		9.86		.08
@HOME HEALTH AGENCY	175	20,540	Ś		\$	30.32	.191	Ġ	3558.82	Ś	5.78
NURSE ANESTHESIST	5	43	Š		\$	10.43		\$	89.67	\$.00
NURSE MIDWIFE	8	74	Š		\$	25.62	.001		237.01	\$.02
PEDIATRIC NURSE PRACTITIONER	-	0	¢		\$.00	.000			\$.00
FAMILY NURSE PRACTITIONER	27	84	ç		\$	24.79	.001		77.13		.02
	8,478	41,569	۲			130.67	.386			\$	50.41
@TOTAL HOSPITAL	8,478		P		Ą			Ş		Þ	41.54
HOSP INPATIENT TOTAL		3,211		4,476,078.21		1393.98	.030		5392.87		
HSC HOSPITALS	474	2,179		2,744,960.03		1259.73	.020		5791.05		25.47
NON-HSC HOSPITAL TOTAL	228	1,032		1,611,887.14		1561.91	.010		7069.68		14.96
ACCOMMODATIONS	228	1,032		577,017.92		559.13	.010		2530.78		5.35
ADMINISTRATIVE DAYS	3	12		2,659.82		221.65	.000		886.61		.02
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	225	1,020		574,358.10		563.10	.009		2552.70		5.33
ANCILLARIES	228	0		1,034,869.22		.00	.000		4538.90		9.60
INPATIENT CROSSOVERS	142	0		119,231.04		.00	.000		839.66		1.11
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	7 , 933	38,358		955,804.12		24.92	.356		120.48		8.87
MEDICAL	1,080	1,650		64,597.45		39.15	.015		59.81		.60
SURGERY	699	811		30,603.55		37.74	.008		43.78		.28
PATHOLOGY	3,022	13,344		139,289.51		10.44	.124		46.09		1.29
RADIOLOGY	1,793	2 , 773		209,407.20		75.52	.026		116.79		1.94
ROOM USE	5,016	6 , 321		233,608.07		36.96	.059		46.57		2.17
CROSSOVERS/ALL OTH OUTPINT	3,046	13 , 459		278,298.34		20.68	.125		91.37		2.58
@COUNTY HOSPITAL TOTAL	12	57	\$	5,983.00	\$	104.96	.001	\$	498.58	\$.06
CO HOSPITAL INPATIENT TOTAL	2	3		3,864.02		1288.01	.000		1932.01		.04
HSC HOSPITALS	2	3		3,864.02		1288.01	.000		1932.01		.04
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	Ö		.00		.00	.000		.00		.00
(9	9		• 0 0		• • • •	• 0 0 0		• • • •		• • • •

CO HOSP OUTPATIENT TOTAL	11	54	2,118.98	39.24	.001	192.63	.02
MEDICAL	2	2	46.70	23.35	.000	23.35	.00
SURGERY	5	7	559.23	79.89	.000	111.85	.01
PATHOLOGY	4	19	324.72	17.09	.000	81.18	.00
RADIOLOGY	1	1	27.59	27.59	.000	27.59	.00
ROOM USE	5	10	580.02	58.00	.000	116.00	.01
CROSSOVERS/ALL OTH OUTPTNT	7	15	580.72	38.71	.000	82.96	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPO	RT FOR JAN	2004 THRU DI	EC 2004	PAGE 9,771
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
PLACER COUNTY	SUMMARY OF SERVICES F	OR MEDICALLY	NEEDY - TOTAL				

121021 000111	001111111111111111111111111111111111111	MONTHLY AVERAGE							
107,764 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COS			-	COST PER
		OR DAYS OF CAR				Y PER ELIG			ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8,469	41,512	_ \$	5,425,899.33	\$ 130.71	.385			50.35
COMM HOSP INPATIENT TOTAL	828	3,208		4,472,214.19	1394.08	.030	5401.22		41.50
HSC HOSPITALS	472	2,176		2,741,096.01	1259.69	.020	5807.41		25.44
NON-HSC HOSPITALS TOTAL	228	1,032		1,611,887.14	1561.91	.010	7069.68		14.96
ACCOMMODATIONS	228	1,032		577,017.92	559.13	.010	2530.78		5.35
ADMINISTRATIVE DAYS	3	12		2,659.82	221.65	.000	886.61		.02
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	225	1,020		574,358.10	563.10	.009	2552.70		5.33
ANCILLARIES	228	0		1,034,869.22	.00	.000	4538.90		9.60
INPATIENT CROSSOVERS	142	0		119,231.04	.00	.000	839.66		1.11
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	7,925	38,304		953,685.14	24.90	.355	120.34		8.85
MEDICAL	1,078	1,648		64,550.75	39.17	.015	59.88		.60
SURGERY	694	804		30,044.32	37.37	.007	43.29		.28
PATHOLOGY	3,019	13,325		138,964.79	10.43	.124	46.03		1.29
RADIOLOGY	1,793	2,772		209,379.61	75.53	.026	116.78		1.94
ROOM USE	5,012	6,311		233,028.05	36.92	.059	46.49		2.16
CROSSOVERS/ALL OTH OUTPTNT	3,042	13,444		277,717.62	20.66	.125	91.29		2.58
@STATE HOSPITAL	12	366	\$	191,328.28	\$ 522.75	.003	\$ 15944.02	Ś	1.78
MENTALLY ILL	0	0	Y	.00	.00	.000	.00	٧	.00
DEVELOP. DISABLED	12	366		191,328.28	522.75	.003	15944.02		1.78
@NURSING FACILITY	7,031	227,958	\$	21,967,597.23	\$ 96.37		\$ 3124.39	Ś	203.85
LEV A-INTERMEDIATE	41	1,285	Y	72,433.76	56.37	.012	1766.68	Y	.67
LEV B-REHAB MD	22	767		72,450.36	94.46	.007	3293.20		.67
LEV B-SUBACUTE FREESTANDING	2	39		14,286.48	366.32	.000	7143.24		.13
LEV B-SUBACUTE HSPTL BASED	22	821		445,975.65	543.21	.008	20271.62		4.14
LEV B SOBACOTE HISTEL BASED LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	6,946	225,046		21,362,450.98	94.92	2.088	3075.50		198.23
@INTERMEDIATE CARE FACILDD	288	8,784	\$		\$ 177.54		\$ 5415.10	Ś	14.47
ICF DDH	96	2,928	Y	444,605.20	151.85	.027	4631.30	Y	4.13
ICF DDN	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	192	5,856		1,114,942.33	190.39	.054	5806.99		10.35
@HEMODIALYSIS TOTAL	167	3,435	\$	208,616.29	\$ 60.73	.032		Ś	1.94
HOSPITAL BASED	0	0,433	Ÿ	.00	.00	.000	.00	Ÿ	.00
HEMODIALYSIS CENTER	167	3,435		208,616.29	60.73	.032	1249.20		1.94
@REHABILITATION FACILITY	28	151	\$	4,601.42	\$ 30.47	.001		Ċ	.04
HOSPITAL BASED	26	117	Y	3,911.95	33.44	.001	150.46	Y	.04
INDEPENDENT FACILITY	2	34		689.47	20.28	.000	344.74		.01
@LABORATORY FACILITY	3,545	11,193	\$	155,490.93	\$ 13.89	.104		Ś	1.44
PATHOLOGY	3,518	11,133	Y	155, 157.15	13.94	.103	44.10	Y	1.44
XO AND OTHERS	27	60		333.78	5.56	.001	12.36		.00
@ORGANIZED OUTPATIENT CLINIC	3,889	7,617	\$	912,076.46	\$ 119.74	.071		¢	8.46
CLINIC CLINIC	884	2,604	Y	78,118.64	30.00	.024	88.37	۲	.72
CTITIATO	004	2,004		70,110.04	30.00	.024	00.37		• 1 4

SURGICENTER 136 666 27,286.32 40.97 .006 200.63 .25 .000 HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00 RURAL HEALTH CLINIC 2,923 4,347 806,671.50 185.57 .040 275.97 7.49 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 #CALIF DEPT OF HEALTH SERV PAGE 9,772 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

						MC	NTHLY AVERA	GE
107,764 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	4,952	124,584	\$	1,102,510.39	\$ 8.85	1.156	\$ 222.64	\$ 10.23
DURABLE MED. EQUIP.	425	1,719		159,788.55	92.95	.016	375.97	1.48
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	11	11		4,716.78	428.80	.000	428.80	.04
MEDICAL TRANSPORTATION	1,092	42,746		213,575.49	5.00	.397	195.58	1.98
AMBULANCES/AIR TRANS	468	4,149		65,410.20	15.77	.039	139.77	.61
OTHER TRANS	617	38,480		126,243.53	3.28	.357	204.61	1.17
OTHER SERVICES	42	117		21,921.76	187.37	.001	521.95	.20
ACUPUNCTURE	20	65		1,173.21	18.05	.001	58.66	.01
ADULT DAY HEALTH CARE CTR	177	2,439		167,681.28	68.75	.023	947.35	1.56
GENETIC DISEASE TESTING	134	134		14,070.00	105.00	.001	105.00	.13
IHMC, MODEL-NF, NF, AIDS, MSSP	67	388		32,301.23	83.25	.004	482.11	.30
OCCUPATIONAL THERAPIST	2	34		237.36	6.98	.000	118.68	.00
OPTICIAN	946	2,057		20,043.72	9.74	.019	21.19	.19
PHYSICAL THERAPIST	4	19		314.59	16.56	.000	78.65	.00
PORTABLE X-RAY	131	218		166.93	.77	.002	1.27	.00
PROSTHETIST/ORTHOTISTS	54	120		12,128.57	101.07	.001	224.60	.11
PROSTHETICS	54	120		12,128.57	101.07	.001	224.60	.11
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	14	17		253.99	14.94	.000	18.14	.00
SPEECH AND AUDIOLOGY	413	1,371		68,463.85	49.94	.013	165.77	.64
HOSPICE SERVICES	85	2,059		233,372.07	113.34	.019	2745.55	2.17
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	948	13 , 925		85 , 012.66	6.11	.129	89.68	.79
EPSDT SUPPLEMENTAL SERVICE	4	234		6 , 881.76	29.41	.002	1720.44	.06
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	724	57 , 028		82,328.35	1.44	.529	113.71	.76
@CALIF. CHILDREN SERVICES*	443	16,757	\$	1,112,017.04	\$ 66.36	.155	\$ 2510.20	\$ 10.32
@XOVER EXCLUDING STATE HOSP**	4,047	38,788	\$	626,004.89	\$ 16.14	.360	\$ 154.68	\$ 5.81
0* TOTALS IN THESE LINES ARE GIVE	EN AS A SEPARA	TE INFORMATION I	TEM OI	NLY;				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PLACER COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,773 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MONIBILL A VIEDACE

PLACER COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

						MON	THLY AVERAC	-E
11,065 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	€		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	4,568	42,142	\$	1,354,734.65	\$ 32.15	3.809 \$	296.57	\$ 122.43
@PHYSICIANS SERVICES	1,715	4,233	\$	206,020.56	\$ 48.67	.383 \$	120.13	\$ 18.62
OUTPATIENT VISITS	1,385	1,867		71,879.57	38.50	.169	51.90	6.50
OFFICE VISITS	921	1,164		38,087.30	32.72	.105	41.35	3.44
HOME VISITS	11	11		402.27	36.57	.001	36.57	.04
EMERGENCY ROOM	336	382		19,947.56	52.22	.035	59.37	1.80
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	78	156		9,181.74	58.86	.014	117.71	.83

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT INPATIENT VISITS HOSPITAL VISITS CRITICAL CARE SNF/ICF/TRANS IP CARE	130	154		4,260.70		27.67	.014		30.65		.39
INPATIENT VISITS	91	404		26,721.77		66.14	.037		293.65		2.41
HOSDITAL VISITS	90	350		18,386.60		52.53	.032		204.30		1.66
CRITICAL CARE	11	54		8,335.17		154.36	.005		757.74		.75
CNTITCAL CARE CNE/TCE/TDANG TD CARE	0	0		.00		.00	.000		.00		.00
ODUTUAL MOLOCICAL SERVICES	0	0 9 9 0 402		345.42		38.38	.001		38.38		.03
EVANTNATIONS	9	9		345.42		38.38	.001		38.38		.03
EVAMINATIONS WAREDINE	9	9				.00	.000		.00		.00
TNDAMTENM HOCDIMAL CHOCEDY	6.4	402		.00 39,010.00		97.04	.036		609.53		3.53
SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES EXAMINATIONS SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ASSISTANT SURGEON	40	52		29,235.35		562.22	.005		730.88		2.64
PRINCIPAL SURGEON	40	3		758.35		252.78	.000		252.78		.07
ASSISTANT SURGEON	3	347		9,016.30					265.19		
ANESTHESIOLOGIST	34					25.98	.031				.81
OUTPATIENT SURGERY	132	301		20,031.03		66.55	.027		151.75		1.81
PRINCIPAL SURGEON	116	139		20,031.03 16,306.66		117.31	.013		140.57		1.47
ASSISTANT SURGEON	2	2		337.68		168.84	.000		168.84		.03
ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY	34	160		3,386.69		21.17	.014		99.61		.31
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	134	241		4,908.80		20.37	.022		36.63		. 44
RADIOLOGY	333	588		29,429.13		50.05	.053		88.38		2.66
PSYCHIATRY	8	8		333.25		41.66	.001		41.66		.03
IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS @PHARMACY	34 130	90		1,208.66		13.43	.008		35.55		.11
OTHER SERVICES/ALL X-OVERS	130	323		12,152.93		37.63	.029		93.48		1.10
@PHARMACY	2,027	14,621	\$	332,198.34	\$		1.321	\$	163.89	\$	30.02
PRESCRIPTION DRUGS	2,007	4,218		318,883.68		75.60	.381		158.89		28.82
SNF/ICF	11	174		10,576.61		60.79	.016		961.51		.96
OUTPATIENTS	1,996	4,044		308,307.07		76.24	.365		154.46		27.86
MEDICAL SUPPLIES	64	10,403		13,314.66		1.28	.940		208.04		1.20
PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES ©DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS PESTORATIVE DENTISTRY	497	2,834	\$	78,037.55	\$	27.54	.256	\$	157.02	\$	7.05
VISITS - DIAGNOSTIC	395	2,105		33,392.50		15.86	.190		84.54		3.02
ORAL SURGERY	43	98		7,051.00		71.95	.009		163.98		.64
DRUGS	18	22		400.00		18.18	.002		22.22		.04
ANESTHESIA	0	0 2 64		.00		.00	.000		.00		.00
PERIODONTICS	2	2		236.00		118.00	.000		118.00		.02
ENDODONTICS	32	64		9,060.00		141.56	.006		283.13		.82
RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES	153	64 485 0		24,288.05		50.08	.044		158.75		2.20
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	1		150.00		150.00	.000		150.00		.01
SPACE MAINTAINERS	5	7		360.00		51.43	.001		72.00		.03
MAXILLOFACIAL SERVICES	1	1		50.00		50.00	.000		50.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	19	30		2,900.00		96.67	.003		152.63		.26
ALL OTHER SERVICES	21	19		150.00		7.89	.002		7.14		.01
#CALIF DEPT OF HEALTH SERV			DEC M		7 D∩Dr			DEC		D	AGE 9,774
MOP024	FEE-FOR-SERVICE/DE		1/11 C IVI	ONTH OF FAIRBINE RE	DE OIL.	I FOR OAN	2004 11110	المار	2004		03/14/05
PLACER COUNTY	SUMMARY OF SERVICES		NO CO	C 03 04 25 45 45	/1z /1x	w 512 7m 00	OF OM				03/14/03
PLACER COUNTY	SUMMAKI OF SERVICES	P FOR MIC -	NO 50	C U3 U4 ZA 45 4A 4	4r 41	M DK /T 82	. OL OW				

							MC	NT.	HLY AVERA	GE	
11,065 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	5	COST PER		COST PER
		OR DAYS OF CARE	3		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	119	316	\$	7,466.66	\$	23.63	.029	\$	62.75	\$.67
DIAGNOSTIC AND ANC. PROCED	100	103		4,393.96		42.66	.009		43.94		.40
EYE APPLIANCES	76	212		3,035.20		14.32	.019		39.94		.27
OTHER OPTOMETRIC SERVICES	1	1		37.50		37.50	.000		37.50		.00
@CHIROPRACTOR	20	30	\$	501.60	\$	16.72	.003	\$	25.08	\$.05
VISITS	20	30		501.60		16.72	.003		25.08		.05
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	9	15	\$	543.82	\$	36.25	.001	\$	60.42	\$.05

MEDICINE/INJECTIONS	9	11	389.28	35.39	.001	43.25	.04
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	2	34.60	17.30	.000	34.60	.00
OTHER	1	2	119.94	59.97	.000	119.94	.01
@HOME HEALTH AGENCY	20	1,530	\$ 50,047.12	\$ 32.71	.138	\$ 2502.36	\$ 4.52
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	1	8	\$ 119.35	\$ 14.92	.001	\$ 119.35	\$.01
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	7	12	\$ 270.01	\$ 22.50	.001	\$ 38.57	\$.02
@TOTAL HOSPITAL	742	3 , 758	\$ 520,910.78	\$ 138.61	.340	\$ 702.04	\$ 47.08
HOSP INPATIENT TOTAL	66	345	438,358.89	1270.61	.031	6641.80	39.62
HSC HOSPITALS	53	279	356,593.04	1278.11	.025	6728.17	32.23
NON-HSC HOSPITAL TOTAL	13	66	81,765.85	1238.88	.006	6289.68	7.39
ACCOMMODATIONS	13	66	39,887.65	604.36	.006	3068.28	3.60
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	13	66	39 , 887.65	604.36	.006	3068.28	3.60
ANCILLARIES	13	0	41,878.20	.00	.000	3221.40	3.78
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	701	3,413	82 , 551.89	24.19	.308	117.76	7.46
MEDICAL	114	152	6,300.05	41.45	.014	55.26	.57
SURGERY	57	56	1,866.37	33.33	.005	32.74	.17
PATHOLOGY	270	1,270	14,426.14	11.36	.115	53.43	1.30
RADIOLOGY	168	244	20,161.81	82.63	.022	120.01	1.82
ROOM USE	520	677	24,755.54	36.57	.061	47.61	2.24
CROSSOVERS/ALL OTH OUTPINT	227	1,014	15,041.98	14.83	.092	66.26	1.36
@COUNTY HOSPITAL TOTAL	3	10	\$ 162.10	\$ 16.21	.001	\$ 54.03	\$.01
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3	10	162.10	16.21	.001	54.03	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	10	162.10	16.21	.001	54.03	.01
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITURES MO	ONTH-OF-PAYMENT REPOR	RT FOR JAN 2	004 THRU D	EC 2004	PAGE 9,775
MOP024	FEE-FOR-SERVICE/I	ENTAL					03/14/05
PLACER COUNTY	SUMMARY OF SERVIC	CES FOR MIC - NO SO	C 03 04 2A 45 4A 4K 4	4M 5K 7T 82	8E 8W		
					MO	NTHLY AVERAG	E
11,065 ELIGIBLES	USERS (JNITS OF SERVICE	EXPENDITURES AV	ERAGE COST	UNITS/DAYS	COST PER	COST PER
		OD DAVE OF CARE	זמ	עמלישדווו מי	DED ELIC	HCED	FITCIPIE

11,065 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	-	COST PER
11,000 EDIGIDEES	ODEND	OR DAYS OF CARE		EXTENDITORES	PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	739	3,748	\$	520,748.68	\$ 138.94	.339			47.06
COMM HOSP INPATIENT TOTAL	66	345	٧	438,358.89	1270.61	.031	6641.80	Y	39.62
HSC HOSPITALS	53	279		356,593.04	1278.11	.025	6728.17		32.23
NON-HSC HOSPITALS TOTAL	13	66		81,765.85	1238.88	.006	6289.68		7.39
ACCOMMODATIONS	13	66		39,887.65	604.36	.006	3068.28		3.60
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	13	66		39,887.65	604.36	.006	3068.28		3.60
ANCILLARIES	13	0		41,878.20	.00	.000	3221.40		3.78
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	698	3,403		82 , 389.79	24.21	.308	118.04		7.45
MEDICAL	114	152		6,300.05	41.45	.014	55.26		.57
SURGERY	57	56		1,866.37	33.33	.005	32.74		.17
PATHOLOGY	267	1,260		14,264.04	11.32	.114	53.42		1.29
RADIOLOGY	168	244		20,161.81	82.63	.022	120.01		1.82
ROOM USE	520	244 677		24,755.54	36.57	.022	47.61		2.24
CROSSOVERS/ALL OTH OUTPTNT	227	1,014			14.83		66.26		1.36
@STATE HOSPITAL	227	1,014	\$	15,041.98 .00	\$.00	.092 .000		ċ	.00
	0	0	Ą	.00	.00	.000	.00	ې	.00
MENTALLY ILL	0	0							
DEVELOP. DISABLED @NURSING FACILITY	0	0	\$.00	.00 \$.00	.000	.00	ċ	.00
	0	0	Ą	.00	,	.000	.00	Ş	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000			.00
LEV B-REHAB MD	0	0			.00		.00		
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	•		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0	<u>^</u>	.00	.00	.000	.00	<u>^</u>	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000		\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0	<u>^</u>	.00	.00	.000	.00	<u>^</u>	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	•	\$.00
HOSPITAL BASED	U	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	U	0	<u> </u>	.00	.00	.000	.00	<u> </u>	.00
@REHABILITATION FACILITY	1	1	\$	48.36	\$ 48.36	.000	•	Ş	.00
HOSPITAL BASED	1	1		48.36	48.36	.000	48.36		.00

INDEPENDENT FACILITY	0	0	.0	0	.00	.000	.00		.00
@LABORATORY FACILITY	318	800	\$ 10,785.6	3 \$	13.48	.072	\$ 33.92	\$.97
PATHOLOGY	318	800	10,785.6	3	13.48	.072	33.92		.97
XO AND OTHERS	0	0	.0	0	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	650	1,129	\$ 113,471.2	1 \$	100.51	.102	\$ 174.57	\$	10.25
CLINIC	266	556	18,672.7	2	33.58	.050	70.20		1.69
SURGICENTER	6	44	1,226.7	2	27.88	.004	204.45		.11
HEROIN DETOX CLINIC	0	0	.0	0	.00	.000	.00		.00
RURAL HEALTH CLINIC	394	529	93,571.7	7	176.88	.048	237.49		8.46
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURE	S MONTH-OF-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC 2004	PA	GE 9,776
MOP024	FEE-FOR-SERVICE/DENT	ΓAL							03/14/05
PLACER COUNTY	SUMMARY OF SERVICES	FOR MIC - NO	SOC 03 04 2A 45 4	A 4K 4M	I 5K 7T 82	8E 8W			
						Mo	ONTHLY AVERA	GE -	
11 065 ELIGIBLES	HSERS HNT	TS OF SERVICE	EXPENDITURE	S AVE	RAGE COST	INTTS/DAY	S COST PER	C	OST PER

TONIII	ILY AVERAGE	
11,065 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS C	COST PER COST	PER
OR DAYS OF CARE PER UNIT/DAY PER ELIG	USER ELIG	IBLE
@ALL OTHER PROVIDERS 255 12,855 \$ 34,313.66 \$ 2.67 1.162 \$	134.56 \$	3.10
DURABLE MED. EQUIP. 35 85 7,680.09 90.35 .008	219.43	.69
BLOOD BANK 0 0 .00 .00 .00	.00	.00
HEARING AID DISPENSERS 0 0 .00 .00 .00	.00	.00
MEDICAL TRANSPORTATION 55 606 12,651.91 20.88 .055	230.03	1.14
AMBULANCES/AIR TRANS 55 601 9,022.27 15.01 .054	164.04	.82
OTHER TRANS 0 0 .00 .00 .00	.00	.00
OTHER SERVICES 4 5 3,629.64 725.93 .000	907.41	.33
ACUPUNCTURE 0 0 .00 .00 .00	.00	.00
ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .00	.00	.00
GENETIC DISEASE TESTING 15 1,575.00 105.00 .001	105.00	.14
IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 .00 .00 .00	.00	.00
OCCUPATIONAL THERAPIST 0 0 .00 .00 .00	.00	.00
OPTICIAN 80 170 2,615.80 15.39 .015	32.70	.24
PHYSICAL THERAPIST 0 0 .00 .00 .00	.00	.00
PORTABLE X-RAY 0 0 .00 .00 .00	.00	.00
PROSTHETIST/ORTHOTISTS 0 0 .00 .00 .00 .00	.00	.00
PROSTHETICS 0 0 .00 .00 .00	.00	.00
ORTHOTICS 0 0 .00 .00 .00	.00	.00
PSYCHOLOGIST 0 0 .00 .00 .00	.00	.00
SPEECH AND AUDIOLOGY 8 27 644.97 23.89 .002	80.62	.06
HOSPICE SERVICES 0 0 .00 .00 .00	.00	.00
NONINST BIRTHING CENTERS 0 0 .00 .00 .00	.00	.00
LOCAL EDUCATION AGENCIES 40 248 2,377.94 9.59 .022	59.45	.21
EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .00	.00	.00
RESPIRATORY CARE PRACT. 0 0 .00 .00 .00	.00	.00
PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00	.00	.00
ALL OTHER PROVIDERS 32 11,704 6,767.95 .58 1.058	211.50	.61
@CALIF. CHILDREN SERVICES* 108 5,550 \$ 282,794.83 \$ 50.95 .502 \$	2618.47 \$ 2	5.56
@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 \$.00 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPOR	T FOR JAN 2004 THRU DEC 2004	PAGE 9,777
MOP024	FEE-FOR-SERVICE/DENTAL		03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR MIC - SOC	AID CODE 83	

1211021 0001111	COLUMNIC OF CEILLE	2020 2011 1120 0	~ ~				0.0				
							MC	NTHLY AV	ERAG	E	-
104 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVER.	AGE COST	UNITS/DAYS	COST P	ER	COST PER	.₹
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE	<u> </u>
@TOTAL, ALL PROVIDERS	161	747	\$	45,959.78	\$	61.53	7.183	\$ 285.	46	\$ 441.92	2
@PHYSICIANS SERVICES	77	184	\$	9,960.73	\$	54.13	1.769	\$ 129.	36	\$ 95.78	3

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	38	50		2,419.44	48.39			63.67		23.26
OFFICE VISITS	11	14		542.84	38.77	.135		49.35		5.22
HOME VISITS	0	0		.00	.00	.000		.00		.00
EMERGENCY ROOM	25	30		1,732.52	57.75	.288		69.30		16.66
PREVENTIVE CARE	0	0		.00	.00			.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00			.00		.00
OTHER OUTPATIENT	5	6		144.08	24.01			28.82		1.39
	5									
INPATIENT VISITS	6	14		648.08	46.29			108.01		6.23
HOSPITAL VISITS	6	14		648.08	46.29			108.01		6.23
CRITICAL CARE	0	0		.00	.00			.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00			.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00			.00		.00
EXAMINATIONS	0	0		.00	.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	4	18		1,014.17	56.34	.173		253.54		9.75
PRINCIPAL SURGEON	2	2		583.72	291.86			291.86		5.61
ASSISTANT SURGEON	_ 1	1		106.40	106.40			106.40		1.02
ANESTHESIOLOGIST	2	15		324.05	21.60			162.03		3.12
OUTPATIENT SURGERY	9	14		1,630.52	116.47			181.17		15.68
	9	14								
PRINCIPAL SURGEON	•			1,630.52	116.47			181.17		15.68
ASSISTANT SURGEON	0	0		.00	.00			.00		.00
ANESTHESIOLOGIST	0	0		.00	.00			.00		.00
DIALYSIS	0	0		.00	.00			.00		.00
PATHOLOGY	3	5		105.80	21.16			35.27		1.02
RADIOLOGY	31	70		3,866.61	55.24	.673		124.73		37.18
PSYCHIATRY	1	1		32.98	32.98	.010		32.98		.32
IMMUNIZATION AND INJECTION	1	4		20.12	5.03	.038		20.12		.19
OTHER SERVICES/ALL X-OVERS	6	8		223.01	27.88			37.17		2.14
@PHARMACY	23	53	\$	7,005.75	\$ 132.18		Ś	304.60	Ś	67.36
PRESCRIPTION DRUGS	23	53	7	7,005.75	132.18		7	304.60	т.	67.36
SNF/ICF	0	0		.00	.00			.00		.00
OUTPATIENTS	23	53		7,005.75	132.18			304.60		67.36
	0	0		•	.00			.00		.00
MEDICAL SUPPLIES	14		ċ	.00			ċ		Ċ	
@DENTIST	= =	104	\$	5,194.48	\$ 49.95		\$	371.03	Ş	49.95
VISITS - DIAGNOSTIC	10	32		307.00	9.59			30.70		2.95
ORAL SURGERY	3	5		181.00	36.20			60.33		1.74
DRUGS	2	1		.00	.00			.00		.00
ANESTHESIA	0	0		.00	.00	.000		.00		.00
PERIODONTICS	0	0		.00	.00	.000		.00		.00
ENDODONTICS	4	12		1,330.48	110.87	.115		332.62		12.79
RESTORATIVE DENTISTRY	9	54		3,376.00	62.52	.519		375.11		32.46
PROSTHETICS	0	0		.00	.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00	.00			.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00			.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00			.00		.00
•	0	0		.00	.00			.00		.00
ORTHODONTIC SERVICES										
ALL OTHER SERVICES	0	0		.00	.00			.00		.00
#CALIF DEPT OF HEALTH SERV		A CONTRACTOR OF THE CONTRACTOR	JRES	MONTH-OF-PAYMENT R	EPORT FOR JA	N 2004 THRU	DEC	2004		PAGE 9,778
MOP024	FEE-FOR-SERVICE									03/14/05
PLACER COUNTY	SUMMARY OF SERV	ICES FOR MIC -	SOC		AID CO	DE 83				
						N	TMON	HLY AVERA	GE	
104 ELIGIBLES	USERS	UNITS OF SERVIC	Œ	EXPENDITURES	AVERAGE CO	ST UNITS/DAY	ZS.	COST PER		COST PER
		OR DAYS OF CAF	RΕ		PER UNIT/D	AY PER ELIC	3	USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	•	.00	.00			.00		.00
	-	Ç .		. 0 0						

EYE APPLIANCES	0	0		.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000		\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	·	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	0	0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00		\$.00	Ś	.00
NURSE ANESTHESIST	0	0	\$.00	\$.00		\$.00		.00
NURSE MIDWIFE	0	0	Ċ	.00	Ċ	.00		\$.00	\$.00
	0	0	\$.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	۶ \$							
FAMILY NURSE PRACTITIONER	65	-	۶ \$.00	\$.00	.000			.00
@TOTAL HOSPITAL		324	Þ	18,420.15	\$	56.85		\$ 283.39	Ş	177.12
HOSP INPATIENT TOTAL	6	22		11,622.62		528.30	.212	1937.10		111.76
HSC HOSPITALS	5	15		9,107.01		607.13	.144	1821.40		87.57
NON-HSC HOSPITAL TOTAL	1	7		2,515.61		359.37	.067	2515.61		24.19
ACCOMMODATIONS	1	7		1,518.99		217.00	.067	1518.99		14.61
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	1	7		1,518.99		217.00	.067	1518.99		14.61
ANCILLARIES	1	0		996.62		.00	.000	996.62		9.58
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	60	302		6,797.53		22.51	2.904	113.29		65.36
MEDICAL	9	17		442.82		26.05	.163	49.20		4.26
SURGERY	7	9		168.66		18.74	.087	24.09		1.62
PATHOLOGY	27	119		1,157.66		9.73	1.144	42.88		11.13
RADIOLOGY	19	43		2,648.98		61.60	.413	139.42		25.47
ROOM USE	48	56		1,470.48		26.26	.538	30.64		14.14
CROSSOVERS/ALL OTH OUTPTNT	26	58		908.93		15.67	.558	34.96		8.74
@COUNTY HOSPITAL TOTAL	3	15	\$	4,081.25	\$			\$ 1360.42	Ś	39.24
CO HOSPITAL INPATIENT TOTAL	1	4	٧	3,954.00	٧	988.50	.038	3954.00	Y	38.02
HSC HOSPITALS	1	4		3,954.00		988.50	.038	3954.00		38.02
	0	0		·		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00						
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE		-		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	Ü	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	2	11		127.25		11.57	.106	63.63		1.22
MEDICAL	1	1		.00		.00	.010	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	2	3		10.76		3.59	.029	5.38		.10
RADIOLOGY	1	1		25.69		25.69		25.69		.25
ROOM USE	2	3		70.76		23.59	.029	35.38		.68
CROSSOVERS/ALL OTH OUTPTNT	1	3		20.04		6.68	.029	20.04		.19
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURE	S MC	ONTH-OF-PAYMENT RE	EPOR1	FOR JAN 2	2004 THRU D	EC 2004	PA	GE 9,779
MOP024	FEE-FOR-SERVICE/DENT	ΓAL								03/14/05
PLACER COUNTY	SUMMARY OF SERVICES	FOR MIC - SC	C			AID CODE	83			
								NTHLY AVERA	GE -	
104 ELICIDIEC	HCEDC HMI	TO OF CERVICE		EADENDIMIDEC	73 7 7 7	EDACE COCH		COCH DED		

		OR DAYS OF CARE	C		PER	UNIT/DAY	PER ELIG	USER	I	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	62	309	\$	14,338.90	\$	46.40	2.971	\$ 231.27	\$	137.87
COMM HOSP INPATIENT TOTAL	5	18		7,668.62		426.03	.173	1533.72		73.74
HSC HOSPITALS	4	11		5,153.01		468.46	.106	1288.25		49.55
NON-HSC HOSPITALS TOTAL	1	7		2,515.61		359.37	.067	2515.61		24.19
ACCOMMODATIONS	1	7		1,518.99		217.00	.067	1518.99		14.61
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	1	7		1,518.99		217.00	.067	1518.99		14.61
ANCILLARIES	1	0		996.62		.00	.000	996.62		9.58
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	58	291		6,670.28		22.92	2.798	115.00		64.14
MEDICAL	8	16		442.82		27.68	.154	55.35		4.26
SURGERY	7	9		168.66		18.74	.087	24.09		1.62
PATHOLOGY	25	116		1,146.90		9.89	1.115	45.88		11.03
RADIOLOGY	18	42		2,623.29		62.46	.404	145.74		25.22
ROOM USE	46	53		1,399.72		26.41	.510	30.43		13.46
CROSSOVERS/ALL OTH OUTPINT	25	55		888.89		16.16	.529	35.56		8.55
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00

ICF DDN/DDCN	0	0	.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00		.00
@LABORATORY FACILITY	9	18 \$	397.20	\$	22.07	.173	\$	44.13	\$	3.82
PATHOLOGY	9	18	397.20		22.07	.173		44.13		3.82
XO AND OTHERS	0	0	.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	10	29 \$	2,315.39	\$	79.84	.279	\$	231.54	\$	22.26
CLINIC	2	13	420.08		32.31	.125		210.04		4.04
SURGICENTER	1	7	201.21		28.74	.067		201.21		1.93
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	7	9	1,694.10		188.23	.087		242.01		16.29
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN 20	04 THRU	DEC	2004	PΑ	GE 9,780
MOP024	FEE-FOR-SERVICE/DENT	AL								03/14/05
PLACER COUNTY	SUMMARY OF SERVICES	FOR MIC - SOC			AID CODE 8	3				
					-	M	HTMOI	LY AVERA	GE -	

USERS 104 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 35 2,666.08 76.17 .337 \$ 1333.04 \$ 25.64 DURABLE MED. EQUIP. 0 .00 .00 .000 .00 .00 .00 .00 0 .00 BLOOD BANK .000 .00 HEARING AID DISPENSERS 0 .00 .00 .000 .00 .00 35 MEDICAL TRANSPORTATION 2,666.08 76.17 .337 1333.04 25.64 900.64 26.49 .327 450.32 AMBULANCES/AIR TRANS 8.66 .00 .00 OTHER TRANS .00 .000 .00 1,765.44 OTHER SERVICES 1765.44 .010 1765.44 16.98 .00 ACUPUNCTURE .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 OPTICIAN PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS .000 .00 .00 .00 .00 .000 .00 PROSTHETICS ORTHOTICS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 PSYCHOLOGIST SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 .00 .00 .000 .00 RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 ALL OTHER PROVIDERS .00 .00 .00 .000 .00 3954.00 @CALIF. CHILDREN SERVICES* 3,954.00 988.50 .038 38.02 \$ Ś \$.00 \$ @XOVER EXCLUDING STATE HOSP** .00 .00 .000 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

MOP024

					MONT	HLY AVERAC	GE
11,169 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
0.000.00	4 700	OR DAYS OF CARE	1 400 604 40	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	4,729 1,792 1,423	42,889 \$	1,400,694.43	\$ 32.66	3.840 \$	296.19	
@PHYSICIANS SERVICES	1,792	4,417 \$	215,981.29	\$ 48.90	.395 \$	120.53	
OUTPATIENT VISITS	1,423	1,917	74,299.01	38.76	.172	52.21	6.65
OFFICE VISITS	932 11	1,178	38,630.14	32.79	.105	41.45	3.46
HOME VISITS		11	402.27	36.57	.001	36.57	.04
EMERGENCY ROOM	361	412	21,680.08	52.62	.037	60.06	1.94
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	78	156	9,181.74	58.86	.014	117.71	.82
OTHER OUTPATIENT	144	160	4,404.78	27.53 65.48	.014	30.59	.39
INPATIENT VISITS	97	418	27 , 369.85		.037	282.16	2.45
HOSPITAL VISITS	96	364	19 , 034.68	52.29	.033	198.28	1.70
CRITICAL CARE	11	54	8,335.17	154.36	.005	757.74	.75
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	9	9 9 0	345.42	38.38	.001	38.38	.03
EXAMINATIONS	9	9	345.42	38.38	.001	38.38	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	68	420	40,024.17	95.30	.038	588.59	3.58
PRINCIPAL SURGEON	42	54	.00 40,024.17 29,819.07	552.21	.005	709.98	2.67
ASSISTANT SURGEON	4	4	864.75	216.19	.000	216.19	.08
ANESTHESIOLOGIST	36	362	9,340.35	25.80	.032	259.45	.84
OUTPATIENT SURGERY	141	315	21,661.55	68.77	.028	153.63	1.94
PRINCIPAL SURGEON	125	153	17,937.18	117.24	.014	143.50	1.61
ASSISTANT SURGEON	2	2	337.68	168.84	.000	168.84	.03
ANESTHESIOLOGIST	34	160	3,386.69	21.17	.014	99.61	.30
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	137	246	5,014.60	20.38	.022	36.60	.45
RADIOLOGY	364	658	33,295.74	50.60	.059	91.47	2.98
PSYCHIATRY	9	9	366.23	40.69	.001	40.69	.03
IMMUNIZATION AND INJECTION	35	94	1,228.78	13.07	.008	35.11	.11
OTHER SERVICES/ALL X-OVERS	35 136	331	12,375.94	37.39	.030	91.00	1.11
@PHARMACY	2,050 2,030	14,674 \$	339,204.09	\$ 23.12	1.314 \$	165.47	\$ 30.37
PRESCRIPTION DRUGS	2,030	4,271	325,889.43	76.30	.382	160.54	29.18
SNF/ICF	. 11	174	10,576.61	60.79	.016	961.51	.95
OUTPATIENTS	2,019	4,097	315,312.82	76.96	.367	156.17	28.23
MEDICAL SUPPLIES	. 64	10,403	13,314.66	1.28	.931	208.04	1.19
@DENTIST	511	2,938 \$	83,232.03		.263 \$	162.88	\$ 7.45
VISITS - DIAGNOSTIC	2,050 2,030 11 2,019 64 511 405 46 20 0 2	2,137	33,699.50	15.77	.191	83.21	3.02
ORAL SURGERY	46	103	7,232.00	70.21	.009	157.22	.65
DRUGS	20	23	400.00	17.39	.002	20.00	.04
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	2	236.00	118.00	.000	118.00	.02
ENDODONTICS	36		10.390.48	136.72	.007	288.62	.93
RESTORATIVE DENTISTRY	162	539	10,390.48 27,664.05	51.32	.048	170.77	2.48
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1	150.00	150.00	.000	150.00	.01
SPACE MAINTAINERS	5	7	360.00	51.43	.001	72.00	.03
MAXILLOFACIAL SERVICES	1	1	50.00	50.00	.000	50.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	19	30	2,900.00	96.67	.003	152.63	.26
ALL OTHER SERVICES	21	19	150.00	7.89	.003	7.14	.01
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MO					PAGE 9,782
MODOSA	MEDI-CAL SERVIC		VIII OF TATHENT KI	TIONI FOR OAN A	TOOA THING DEC	2004	02/11/05

03/14/05

FEE-FOR-SERVICE/DENTAL

					MON'	THLY AVERA	.GE	
11,169 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	119	316 \$	7,466.66	\$ 23.63	.028 \$	62.75	\$.67
DIAGNOSTIC AND ANC. PROCED	100	103	4,393.96	42.66	.009	43.94		.39
EYE APPLIANCES	76	212	3,035.20	14.32	.019	39.94		.27
OTHER OPTOMETRIC SERVICES	1	1	37.50	37.50	.000	37.50		.00
@CHIROPRACTOR	20	30 \$	501.60	\$ 16.72	.003 \$	25.08	\$.04
VISITS	20	30	501.60	16.72	.003	25.08		.04
OTHER SERVICES	0	0	.00	.00	.000	.00		.00
@PODIATRIST	9	15 \$	543.82	\$ 36.25	.001 \$	60.42	\$.05
MEDICINE/INJECTIONS	9	11	389.28	35.39	.001	43.25		.03
SURGERY/ANES.	0	0	.00	.00	.000	.00		.00
RADIO./PATHOLOGY	1	2	34.60	17.30	.000	34.60		.00
OTHER	1	2	119.94	59.97	.000	119.94		.01
@HOME HEALTH AGENCY	20	1,530 \$	50,047.12	\$ 32.71	.137 \$		\$	4.48
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	1	8 \$	119.35	\$ 14.92	.001 \$	119.35	\$.01
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	7	12 \$	270.01	\$ 22.50	.001 \$	38.57	\$.02
@TOTAL HOSPITAL	807	4,082 \$	539,330.93	\$ 132.12	.365 \$	668.32		48.29
HOSP INPATIENT TOTAL	72	367	449,981.51	1226.11	.033	6249.74	4	40.29
HSC HOSPITALS	58	294	365,700.05	1243.88	.026	6305.17		32.74
NON-HSC HOSPITAL TOTAL	14	73	84,281.46	1154.54	.007	6020.10		7.55
ACCOMMODATIONS	14	73	41,406.64	567.21	.007	2957.62		3.71
ADMINISTRATIVE DAYS	0	, 3	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	14	73	41,406.64	567.21	.007	2957.62		3.71
ANCILLARIES	14	0	42,874.82	.00	.000	3062.49		3.84
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	761	3 , 715	89,349.42	24.05	.333	117.41		8.00
MEDICAL	123	169	6,742.87	39.90	.015	54.82		.60
SURGERY	64	65	2,035.03	31.31	.006	31.80		.18
PATHOLOGY	297	1,389	15,583.80	11.22	.124	52.47		1.40
RADIOLOGY	187	287	22,810.79	79.48	.026	121.98		2.04
ROOM USE	568	733	26,226.02	35.78	.066	46.17		2.35
	253	1,072	15,950.91	14.88	.096	63.05		1.43
CROSSOVERS/ALL OTH OUTPINT	233	25 \$		\$ 169.73	.002 \$	707.23	ċ	.38
@COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL	1	25 3 4	4,243.35 3,954.00	988.50	.002 \$	3954.00	Ą	.35
HSC HOSPITALS	1	4	3,954.00	988.50	.000	3954.00		.35
NON-HSC HOSPITALS TOTAL	1	0			.000	.00		.00
	0	0	.00	.00				
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	•	· ·	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	5	21	289.35	13.78	.002	57.87		.03
MEDICAL	1	1	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	5	13	172.86	13.30	.001	34.57		.02
RADIOLOGY	1	1	25.69	25.69	.000	25.69		.00
ROOM USE	2	3	70.76	23.59	.000	35.38		.01

CROSSOVERS/ALL OTH OUTPINT 1 3 20.04 6.68 .000 20.04 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,783

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL

PLACER COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

| MOD-9/24 | PRIAGRES COUNTY | SUMMARY OF SEXUTCES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL | MODITALLY AVERAGE | COUNTY | HOSPITAL TOTAL | 1,169 ELIGIBLES | USERS UNITS OF SEXUTCE | EXPENDITURES | AVERAGE COST UNITS/RAYS COST FER | COMMUNITY HOSPITAL TOTAL | 001 4,053 q 353,087,58 q 111,89 | 121,89 | 665,02 g 51,73 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 | 121,89 ----- MONTHLY AVERAGE -----#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,784 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 PLACER COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

11,169 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	257	12,890 \$	36 , 979.74	\$ 2.87	1.154 \$	143.89	\$ 3.31
DURABLE MED. EQUIP.	35	85	7,680.09	90.35	.008	219.43	.69
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	57	641	15,317.99	23.90	.057	268.74	1.37
AMBULANCES/AIR TRANS	57	635	9,922.91	15.63	.057	174.09	.89
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	5	6	5,395.08	899.18	.001	1079.02	.48
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	15	15	1,575.00	105.00	.001	105.00	.14
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	80	170	2,615.80	15.39	.015	32.70	.23
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	8	27	644.97	23.89	.002	80.62	.06
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	40	248	2,377.94	9.59	.022	59.45	.21
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	32	11,704	6 , 767.95	.58	1.048	211.50	.61
@CALIF. CHILDREN SERVICES*	109	5,554 \$	286,748.83	\$ 51.63	.497 \$	2630.72	\$ 25.67

----- MONTHLY AVERAGE -----

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$

03/14/05

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,785 MOP024 FEE-FOR-SERVICE/DENTAL

PLACER COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

PLACER COUNTY	SUMMARY OF SERV	ICES FOR MIA	- NO	SOC	- AID PAID PENDI	LNG	AID CODE				с п	
00 811018180	HORDO	INTER OF CERT				70 77 77		MC			GE	
02 ELIGIBLES	USERS	UNITS OF SERV			EXPENDITURES			UNITS/DAYS	5	COST PER		COST PER
	_	OR DAYS OF C		_			R UNIT/DAY	PER ELIG	_	USER	_	ELIGIBLE
@TOTAL, ALL PROVIDERS	6	35		Ş	5,272.51	\$	150.64		\$	878.75	\$	2636.26
@PHYSICIANS SERVICES	0	0		\$.00	\$.00		\$.00	\$.00
OUTPATIENT VISITS	0	0			.00		.00	.000		.00		.00
OFFICE VISITS	0	0	1		.00		.00	.000		.00		.00
HOME VISITS	0	0	1		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0	1		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0	1		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0	1		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0	ı		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0	1		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0	ı		.00		.00	.000		.00		.00
CRITICAL CARE	0	0	ı		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0	ı		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0	1		.00		.00	.000		.00		.00
EXAMINATIONS	0	0	1		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0	1		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0			.00		.00	.000		.00		.00
	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0										
DIALYSIS	U	U			.00		.00	.000		.00		.00
PATHOLOGY	U	U			.00		.00	.000		.00		.00
RADIOLOGY	U	0			.00		.00	.000		.00		.00
PSYCHIATRY	0	0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	Ü	0			.00		.00	.000		.00		.00
@PHARMACY	3	19		Ş	5,052.03	\$	265.90		\$	1684.01	\$	2526.02
PRESCRIPTION DRUGS	3	19			5,052.03		265.90	9.500		1684.01		2526.02
SNF/ICF	0	0			.00		.00	.000		.00		.00
OUTPATIENTS	3	19			5,052.03		265.90	9.500		1684.01		2526.02
MEDICAL SUPPLIES	0	0			.00		.00	.000		.00		.00
@DENTIST	0	0		\$.00	\$.00		\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	1		.00		.00	.000		.00		.00
ORAL SURGERY	0	0	1		.00		.00	.000		.00		.00
DRUGS	0	0	1		.00		.00	.000		.00		.00
ANESTHESIA	0	0	1		.00		.00	.000		.00		.00
PERIODONTICS	0	0	ı		.00		.00	.000		.00		.00
ENDODONTICS	0	0	ı		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0	1		.00		.00	.000		.00		.00
PROSTHETICS	0	0	ı		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0	ı		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0	ı		.00		.00	.000		.00		.00
	•	•								-		

.00 MAXILLOFACIAL SERVICES 0 .00 .00 .000 .00 0 0 FRACTURES, DISLOCATIONS .00 .00 .000 .00 .00 .00 ORTHODONTIC SERVICES 0 0 .00 .00 .000 .00 0 .00 .00 .00 ALL OTHER SERVICES 0 .00 .000 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,786

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

FLACEN COUNTI	SOMMARI OF SER	VICES FOR	MIA IV	10 200	AID FAID FENDI	LING	AID CODE	MO	חדער	UIV AUEDA	CE	
02 ELIGIBLES	USERS	UNITS OF	CEDVITCE	,	EXPENDITURES	7/1/2		UNITS/DAYS		HLI AVERA COST PER	GE	COST PER
02 EDIGIBLES	ODERD	OR DAYS	-		EXERNDITONES			PER ELIG)	USER		ELIGIBLE
@OPTOMETRIST	0	OK DAIS	0 CARE	\$.00	Ś	.00	.000	Ġ	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0	Y	.00	٧	.00	.000	Y	.00	Y	.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	Ċ	.00	Ś	.00
VISITS	0		0	ې	.00	۲	.00	.000	۲	.00	۲	.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	Ċ	.00	Ś	.00
MEDICINE/INJECTIONS	0		0	Y	.00	Ÿ	.00	.000	Ÿ	.00	Y	.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY OTHER	0		0					.000				.00
	0			Ċ	.00	ċ	.00	.000	ċ	.00	\$.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00		\$ \$.00		
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000		.00	\$.00
NURSE MIDWIFE	ŭ		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0			ې د	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	Ş	.00	Ş	.00	.000	\$.00	Þ	.00
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	•		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		-		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		ŭ		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0	ć	.00	ć	.00	.000	Ċ	.00	Ċ	.00
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00		\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	Ü		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	004 THRU DE	C 2004	PAGE 9,787
MOP024	FEE-FOR-SERVICE/DENTA	.L					03/14/05
PLACER COUNTY	SUMMARY OF SERVICES F	OR MIA - NO S	SOC - AID PAID PENDING	AID CODE	81		

PLACER COUNTY	SUMMARY OF SERV	VICES FOR MIA -	NO SOC	- AID PAID PEND	ING	AID CODE	81				
							Mo	TNC	HLY AVERA	GΕ	
02 ELIGIBLES	USERS	UNITS OF SERVIC	Œ	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	RE		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	·	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0							.00		
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000				.00
MEDICAL	U	•		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	Ō	0	\$.00	\$.00	.000	Ś	.00	\$.00
HOSPITAL BASED	0	0	Ÿ	.00	٧	.00	.000	Ψ	.00	~	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	14	\$	144.34	\$	10.31	7.000	Ġ	144.34	Ġ	72.17
PATHOLOGY	1	14	Ÿ	144.34	٧	10.31	7.000	Y	144.34	Y	72.17
XO AND OTHERS	U T	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	2	\$	76.14	Ś	38.07	1.000	Ċ	38.07	Ś	38.07
CLINIC CLINIC	2	2	Ą	76.14	Ą	38.07	1.000	Ą	38.07	Ą	38.07
CTIMIC	∠	۷		/0.14		30.07	1.000		30.07		30.07

SURGICENTER 0 0 .00 .00 .000 .00 .00 .00 HEROIN DETOX CLINIC 0 0 .00 .00 .000 .00 .00 RURAL HEALTH CLINIC Ω Ω .00 .00 .000 .00 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,788 #CALIF DEPT OF HEALTH SERV MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

121021 0001111	COLUMNIC OF CERCOS	.000 1010 11111 100 000	,	1112 0022	0 -		
					MON	THLY AVERAG	E
02 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00
0* TOTALS IN THESE LINES ARE	GIVEN AS A SEPARA	TE INFORMATION ITEM (NT.Y:				

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PLACER COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,789
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
PLACER COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

							MOI	NTHLY AVER	AGE	
426 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	497	2,926	\$	326,582.85	\$	111.61	6.869	657.11	\$	766.63
@PHYSICIANS SERVICES	295	887	\$	69 , 471.18	\$	78.32	2.082	\$ 235.50	\$	163.08
OUTPATIENT VISITS	159	236		15,004.26		63.58	.554	94.37		35.22
OFFICE VISITS	50	63		2,877.65		45.68	.148	57.55		6.76
HOME VISITS	0	0		.00		.00	.000	.00		.00
EMERGENCY ROOM	35	45		2,848.30		63.30	.106	81.38		6.69
PREVENTIVE CARE	0	0		.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	84	126		9,210.06		73.10	.296	109.64		21.62

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	2	2	68.25	34.13	.00	5	34.13	.16
INPATIENT VISITS	38	116	9,019.10	77.75	.27	2	237.34	21.17
HOSPITAL VISITS	38	80	3,447.18	43.09	.18	8	90.72	8.09
CRITICAL CARE	3	36	5,571.92	154.78	.08	5	1857.31	13.08
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.00	0	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.00	0	.00	.00
EXAMINATIONS	0	0	.00	.00	.00	0	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.00	0	.00	.00
INPATIENT HOSPITAL SURGERY	53	241	32,256.28	133.84	.56	6	608.61	75.72
PRINCIPAL SURGEON	31	33	25,493.41	772.53	.07	7	822.37	59.84
ASSISTANT SURGEON	12	12	2,144.76	178.73	.02	8	178.73	5.03
ANESTHESIOLOGIST	23	196	4,618.11	23.56	.46		200.79	10.84
OUTPATIENT SURGERY	25	50	2,966.17	59.32	.11	7	118.65	6.96
PRINCIPAL SURGEON	24	35	2,499.57	71.42	.08	2	104.15	5.87
ASSISTANT SURGEON	0	0	.00	.00	.00		.00	.00
ANESTHESIOLOGIST	6	15	466.60	31.11	.03	5	77.77	1.10
DIALYSIS	0	0	.00	.00	.00		.00	.00
PATHOLOGY	29	49	892.37	18.21	.11	5	30.77	2.09
RADIOLOGY	107	134	7,338.16	54.76	.31		68.58	17.23
PSYCHIATRY	1	1	32.98	32.98	.00	2	32.98	.08
IMMUNIZATION AND INJECTION	13	30	763.91	25.46	.07	0	58.76	1.79
OTHER SERVICES/ALL X-OVERS	21	30	1,197.95	39.93	.07	0	57.05	2.81
@PHARMACY	136	356	\$ 16,385.47	\$ 46.03	.83	6 \$		\$ 38.46
PRESCRIPTION DRUGS	132	318	13,866.69	43.61	.74		105.05	32.55
SNF/ICF	0	0	.00	.00	.00		.00	.00
OUTPATIENTS	132	318	13,866.69	43.61	.74		105.05	32.55
MEDICAL SUPPLIES	16	38	2,518.78	66.28	.08		157.42	5.91
@DENTIST	24	76	\$ 2 , 970.00	\$ 39.08		8 \$		\$ 6.97
VISITS - DIAGNOSTIC	18	48	1,020.00	21.25	.11		56.67	2.39
ORAL SURGERY	3	3	215.00	71.67	.00		71.67	.50
DRUGS	0	0	.00	.00	.00		.00	.00
ANESTHESIA	0	0	.00	.00	.00	0	.00	.00

PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	1	3		760.00		253.33	.007		760.00		1.78
RESTORATIVE DENTISTRY	6	20		875.00		43.75	.047		145.83		2.05
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	2	2		100.00		50.00	.005		50.00		.23
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITU	RES MO	NTH-OF-PAYMENT RI	EPOR'	r for jan 2	2004 THRU I	DEC	2004	Р	AGE 9,790
MOP024	FEE-FOR-SERVICE	E/DENTAL									03/14/05
PLACER COUNTY	SUMMARY OF SER	VICES FOR MIA -	NO SOC	- PREGNANT		AID CODE	86				
							MC	TNC	HLY AVERA	GE	
426 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CAR	E		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	4	16	\$	361.20	\$	22.58	.038	\$	90.30	\$.85
DIAGNOSTIC AND ANC. PROCED	4	4		189.80		47.45	.009		47.45		.45
EYE APPLIANCES	4	12		171.40		14.28	.028		42.85		.40
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1	2	\$	104.99	\$	52.50	.005	\$	104.99	\$.25
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	2	12	\$	1,610.25	\$	134.19	.028	\$	805.13	\$	3.78
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	174	1,028	\$	215,082.17	\$	209.22	2.413	\$	1236.10	\$	504.89
HOSP INPATIENT TOTAL	37	154		196,047.70		1273.04	.362		5298.59		460.21
HSC HOSPITALS	28	112		149,074.39		1331.02	.263		5324.09		349.94
NON-HSC HOSPITAL TOTAL	9	42		46,973.31		1118.41	.099		5219.26		110.27
ACCOMMODATIONS	9	42		19,631.48		467.42	.099		2181.28		46.08
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00

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19,631.48

27,341.83

19,034.47

1,248.05

5,915.93

3,057.61

4,982.99

2,943.03

1,256.78

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64.18

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2.08

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48

455

41

123

186

43

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156

16

24

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31

82

67

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0

TRANSITIONAL IP CARE

CROSSOVERS/ALL OTH OUTPINT

CO HOSPITAL INPATIENT TOTAL

NON-HSC HOSPITALS TOTAL

ALL OTHER ACCOM ANCILLARIES

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

@COUNTY HOSPITAL TOTAL

ACCOMMODATIONS

HSC HOSPITALS

MEDICAL SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

	_	_						
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	4	43	1,256.78	29.23	.101	314.20		2.95
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	3	4	122.40	30.60	.009	40.80		.29
PATHOLOGY	2	14	331.99	23.71	.033	166.00		.78
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	3	9	563.57	62.62	.021	187.86		1.32
CROSSOVERS/ALL OTH OUTPTNT	•	16	238.82	14.93	.038	59.71		.56
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES					ÞΙ	AGE 9,791
MOP024	FEE-FOR-SERVICE		HOWIN OF THIRDNE IN	DIONI ION OIN 2	LOUI IIIKO DEK	2001		03/14/05
PLACER COUNTY		JICES FOR MIA - NO S	COC - PRECNANT	AID CODE	86			03/14/03
THACHIC COONTT	DOMMANT OF DER	VICES FOR MIA NO S	JOC TREGNANT	AID CODE	MON'	THIV AVERA	CF -	
426 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	-	COST PER
120 111011110	ОВЫКВ	OR DAYS OF CARE	LAI BND I I OKBO	PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	170	985 \$	213,825.39	\$ 217.08		1257.80		
COMM HOSP INPATIENT TOTAL	37	154	196,047.70	1273.04	.362	5298.59	Y	460.21
HSC HOSPITALS	28	112	149,074.39	1331.02	.263	5324.09		349.94
NON-HSC HOSPITALS TOTAL	9	42	46,973.31	1118.41	.099	5219.26		110.27
ACCOMMODATIONS	9	42	19,631.48	467.42	.099	2181.28		46.08
ACCOMMODATIONS ADMINISTRATIVE DAYS	9	0	19,631.40	.00	.000	.00		.00
	0		.00		.000			.00
TRANSITIONAL IP CARE ALL OTHER ACCOM	9	0 42	19,631.48	.00 467.42	.099	.00 2181.28		46.08
	9	0	•	.00		3037.98		64.18
ANCILLARIES	9	0	27,341.83		.000			
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	•		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	152	831	17,777.69	21.39	1.951	116.96		41.73
MEDICAL	16	21	886.86	42.23	.049	55.43		2.08
SURGERY	21	44	1,125.65	25.58	.103	53.60		2.64
PATHOLOGY	96	441	5,583.94	12.66	1.035	58.17		13.11
RADIOLOGY	31	41	3,057.61	74.58	.096	98.63		7.18
ROOM USE	79	114	4,419.42	38.77	.268	55.94		10.37
CROSSOVERS/ALL OTH OUTPTNT		170	2,704.21	15.91	.399	42.92		6.35
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	Ş	.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	0	0	.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00		.00
TCE DD	0	0	$\cap \cap$	0.0	$\cap \cap \cap$	0.0		$\cap \cap$

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ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

HOSPITAL BASED

HOSPITAL BASED

ICF DD

TUDEDEUDEUE EL GII I EU	0	0	0.0	0.0	0.00	0.0	0.0
INDEPENDENT FACILITY	118	0 300 \$.00	.00 \$ 16.39	.000 .704 \$.00	.00
@LABORATORY FACILITY	118	300 ş 300	4,916.93 4,916.93	\$ 16.39 16.39	.704 \$	41.67	\$ 11.54 11.54
PATHOLOGY	118	0	,	.00	.000	41.67	.00
XO AND OTHERS	41		.00			.00	
@ORGANIZED OUTPATIENT CLINIC	22	122 \$ 74	11,565.33	\$ 94.80 40.57	.286 \$.174	282.08 136.47	\$ 27.15 7.05
CLINIC	1	8	3,002.30 242.01		.174	242.01	.57
SURGICENTER	0	8	.00	30.25 .00	.019	.00	.00
HEROIN DETOX CLINIC	19	40		208.03	.000	437.95	19.53
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MON	8,321.02				
MOP024	FEE-FOR-SERVICE		TH-OF-PAIMENT RE	EPORT FOR JAN	2004 THRU DEC	2004	PAGE 9,792 03/14/05
PLACER COUNTY		•	DDECNIAND	ATD CODE	0.0		03/14/03
PLACER COUNTY	SUMMARI OF SERV	ICES FOR MIA - NO SOC	- PREGNANT	AID CODE	MONTI	יע מימונע ענידי	CE.
426 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		HLI AVERA COST PER	COST PER
420 ELIGIBLES	USEKS	OR DAYS OF CARE	EXPENDITURES	PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	35	127 \$	4,115.33	\$ 32.40	.298 \$	117.58	-
DURABLE MED. EQUIP.	1	2	37.74	18.87	.005	37.74	.09
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	88	1,487.40	16.90	.207	185.93	3.49
AMBULANCES/AIR TRANS	0	87	1,477.52	16.98	.204	184.69	3.49
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	9.88	9.88	.002	9.88	.02
ACUPUNCTURE	U	0	.00	.00	.002	.00	.02
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	21	21	2,205.00	105.00	.049	105.00	5.18
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	35.76	8.94	.009	17.88	.08
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	3	116.42	38.81	.007	58.21	.27
PROSTHETICS	2	3	116.42	38.81	.007	58.21	.27
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
1.251 11411 0141 01112 114101.	9	0	.00	.00	.000	.00	.00

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PED SUBACUTE REHAB/WEANING

@XOVER EXCLUDING STATE HOSP**

ALL OTHER PROVIDERS

@CALIF. CHILDREN SERVICES*

.00

25,657.94 \$ 1115.56

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							MOI	NTHLY AVERA	.GE	
428 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	E		PEI	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	503	2 , 961	\$	331,855.36	\$	112.08	6.918	659.75	\$	775.36
@PHYSICIANS SERVICES	295	887	\$	69,471.18	\$	78.32	2.072	235.50	\$	162.32

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,793
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
PLACER COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

OUTPATIENT VISITS	159	236		15,004.26	63.58	.551	94.37		35.06
OFFICE VISITS	50	63		2,877.65	45.68	.147	57.55		6.72
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	35	45		2,848.30	63.30	.105	81.38		6.65
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	84	126		9,210.06	73.10	.294	109.64		21.52
OTHER OUTPATIENT	2	2		68.25	34.13	.005	34.13		.16
	38								
INPATIENT VISITS		116		9,019.10	77.75	.271	237.34		21.07
HOSPITAL VISITS	38	80		3,447.18	43.09	.187	90.72		8.05
CRITICAL CARE	3	36		5 , 571.92	154.78	.084	1857.31		13.02
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	53	241		32,256.28	133.84	.563	608.61		75.37
PRINCIPAL SURGEON	31	33		25,493.41	772.53	.077	822.37		59.56
ASSISTANT SURGEON	12	12		2,144.76	178.73	.028	178.73		5.01
ANESTHESIOLOGIST	23	196		4,618.11	23.56	.458	200.79		10.79
OUTPATIENT SURGERY	25	50		2,966.17	59.32	.117	118.65		6.93
PRINCIPAL SURGEON	24	35		2,499.57	71.42	.082	104.15		5.84
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	6	15		466.60	31.11	.035	77.77		1.09
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	29	49		892.37	18.21	.114	30.77		2.08
RADIOLOGY	107	134		7,338.16	54.76	.313	68.58		17.15
PSYCHIATRY	1	1		32.98	32.98	.002	32.98		.08
IMMUNIZATION AND INJECTION	13	30		763.91	25.46	.070	58.76		1.78
OTHER SERVICES/ALL X-OVERS	21	30		1,197.95	39.93	.070	57.05		2.80
@PHARMACY	139	375	\$	21,437.50	\$ 57.17		\$ 154.23	Ś	50.09
PRESCRIPTION DRUGS	135	337	۲	18,918.72	56.14	.787	140.14	Y	44.20
	133	0		.00	.00	.000	.00		.00
SNF/ICF									
OUTPATIENTS	135	337		18,918.72	56.14	.787	140.14		44.20
MEDICAL SUPPLIES	16	38		2,518.78	66.28	.089	157.42		5.89
@DENTIST	24	76	\$	2 , 970.00	\$ 39.08			\$	6.94
VISITS - DIAGNOSTIC	18	48		1,020.00	21.25	.112	56.67		2.38
ORAL SURGERY	3	3		215.00	71.67	.007	71.67		.50
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	1	3		760.00	253.33	.007	760.00		1.78
RESTORATIVE DENTISTRY	6	20		875.00	43.75	.047	145.83		2.04
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	2	2		100.00	50.00	.005	50.00		.23
	2	0							.00
SPACE MAINTAINERS	0	•		.00	.00	.000	.00		
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITU	RES M	IONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU D	EC 2004	PP	AGE 9,794
MOP024	FEE-FOR-SERVICE	C/DENTAL							03/14/05
PLACER COUNTY	SUMMARY OF SERV	VICES FOR MIA -	NO SO	C - TOTAL					
-				- -		MO	NTHLY AVERA	GE -	
428 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITIERS	AVERAGE COST				COST PER
120 111011110	ODLIN	OR DAYS OF CAR		1111 11VD 1 1 01(110	PER UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	4	16		361.20		.037			.84
DIAGNOSTIC AND ANC. PROCED	4	4	۲	189.80	47.45	.009	47.45	Y	
DIAGNOSTIC AND ANC. PROCED	4	4		109.80	4/.40	.009	4/.43		.44

EYE APPLIANCES 4 12 171.40 14.28 .028 42.		.40
OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .00 .00 .	0	.00
@CHIROPRACTOR 0 0 \$.00 \$.00 \$.	0 \$.00
VISITS 0 0 .00 .00 .00 .00 .	0	.00
OTHER SERVICES 0 0 .00 .00 .00 .00 .	0	.00
@PODIATRIST 0 0 \$.00 \$.00 \$.00 \$.	0 \$.00
MEDICINE/INJECTIONS 0 0 .00 .00 .00 .00 .	0	.00
SURGERY/ANES. 0 0 .00 .00 .00 .00 .	0	.00
RADIO./PATHOLOGY 0 0 .00 .00 .00 .00 .	0	.00
OTHER 0 0 .00 .00 .00 .00 .	0	.00
@HOME HEALTH AGENCY 1 2 \$ 104.99 \$ 52.50 .005 \$ 104.	9 \$.25
	0 \$.00
NURSE MIDWIFE 2 12 \$ 1,610.25 \$ 134.19 .028 \$ 805.	3 \$	3.76
PEDIATRIC NURSE PRACTITIONER 0 0 \$.00 \$.00 \$.00 \$.	0 \$.00
·	0 \$.00
@TOTAL HOSPITAL 174 1,028 \$ 215,082.17 \$ 209.22 2.402 \$ 1236.		502.53
HOSP INPATIENT TOTAL 37 154 196,047.70 1273.04 .360 5298.		458.06
HSC HOSPITALS 28 112 149,074.39 1331.02 .262 5324.		348.30
NON-HSC HOSPITAL TOTAL 9 42 46,973.31 1118.41 .098 5219.		109.75
ACCOMMODATIONS 9 42 19,631.48 467.42 .098 2181.	8	45.87
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00	0	.00
	0	.00
ALL OTHER ACCOM 9 42 19,631.48 467.42 .098 2181.	8	45.87
ANCILLARIES 9 0 27,341.83 .00 .000 3037.	8	63.88
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00	0	.00
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00		.00
HOSP OUTPATIENT TOTAL 156 874 19,034.47 21.78 2.042 122.	2	44.47
MEDICAL 16 21 886.86 42.23 .049 55.		2.07
SURGERY 24 48 1,248.05 26.00 .112 52.	0	2.92
PATHOLOGY 98 455 5,915.93 13.00 1.063 60.	7	13.82
RADIOLOGY 31 41 3,057.61 74.58 .096 98.		7.14
ROOM USE 82 123 4,982.99 40.51 .287 60.	7	11.64

CROSSOVERS/ALL OTH OUTPINT	67	186		2,943.03		15.82	.435	43.93	6.88
@COUNTY HOSPITAL TOTAL	4	43	\$	1,256.78	\$	29.23	.100	\$ 314.20	\$ 2.94
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	43		1,256.78		29.23	.100	314.20	2.94
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	3	4		122.40		30.60	.009	40.80	.29
PATHOLOGY	2	14		331.99		23.71	.033	166.00	.78
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	3	9		563.57		62.62	.021	187.86	1.32
CROSSOVERS/ALL OTH OUTPTNT	4	16		238.82		14.93	.037	59.71	.56
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU:	RES MONTH-OF-	-PAYMENT R	REPORT	FOR JAN	2004 THRU 1	DEC 2004	PAGE 9,795
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR	MIA -	NO SOC - TOTA	ΑL					

----- MONTHLY AVERAGE -----428 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 2.301 \$ 1257.80 \$ 499.59 @COMMUNITY HOSPITAL TOTAL 170 985 213,825.39 \$ 217.08 37 154 1273.04 .360 5298.59 COMM HOSP INPATIENT TOTAL 196,047.70 28 112 1331.02 5324.09 HSC HOSPITALS 149,074.39 .262 348.30 5219.26 NON-HSC HOSPITALS TOTAL 9 42 46,973.31 1118.41 .098 109.75 ACCOMMODATIONS 42 19,631.48 467.42 .098 2181.28 45.87 0 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE 0 .00 .00 .000 .00 .00 ALL OTHER ACCOM 42 19,631.48 467.42 .098 2181.28 45.87 ANCILLARIES 0 27,341.83 .00 .000 3037.98 63.88 .00 .00 .00 .000 .00 INPATIENT CROSSOVERS ALL OTHER INPATIENT 0 0 .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL 152 831 17,777.69 21.39 1.942 116.96 41.54 55.43 21 42.23 .049 2.07 MEDICAL 16 886.86 2.63 21 44 1,125.65 25.58 .103 53.60 SURGERY PATHOLOGY 441 5,583.94 12.66 1.030 58.17 13.05 31 41 .096 98.63 RADIOLOGY 3,057.61 74.58 7.14 114 4,419.42 38.77 .266 55.94 10.33 ROOM USE .397 CROSSOVERS/ALL OTH OUTPINT 63 170 2,704.21 15.91 42.92 6.32 .00 \$ 0 0 .00 \$.00 .000 \$.00 @STATE HOSPITAL .00 MENTALLY ILL 0 0 .00 .00 .000 .00 DEVELOP. DISABLED Ω .00 .00 .000 .00 . 00 .00 .00 .000 \$.00 \$ @NURSING FACILITY LEV A-INTERMEDIATE .00 .00 .000 .00 .00 .00 .00 .000 .00 LEV B-REHAB MD .00 .00 .00 .00 .000 .00 LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED .00 .00 .00 .000 .00 .00 .000 .00 LEV B-TRANSITIONAL IP CARE .00 . 00 .00 .00 .000 .00 LEV B-REGULAR 0 0 @INTERMEDIATE CARE FACIL.-DD .00 \$.00 .000 \$.00 \$.00 0 .00 ICF DDH 0 .00 .000 .00 .00 ICF DD .00 .00 .000 .00 .00

ICF DDN/DDCN	0	0		.00)	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00) \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00)	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00)	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00) \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00)	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00)	.00	.000		.00		.00
@LABORATORY FACILITY	119	314	\$	5,061.27	7 \$	16.12	.734	\$	42.53	\$	11.83
PATHOLOGY	119	314		5,061.27	7	16.12	.734		42.53		11.83
XO AND OTHERS	0	0		.00)	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	43	124	\$	11,641.47	7 \$	93.88	.290	\$	270.73	\$	27.20
CLINIC	24	76		3,078.44	1	40.51	.178		128.27		7.19
SURGICENTER	1	8		242.01	L	30.25	.019		242.01		.57
HEROIN DETOX CLINIC	0	0		.00)	.00	.000		.00		.00
RURAL HEALTH CLINIC	19	40		8,321.02	2	208.03	.093		437.95		19.44
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	RES M	MONTH-OF-PAYMENT	REPOR'	T FOR JAN	2004 THRU	DEC	2004	PI	AGE 9,796
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FO	OR MIA - N	OSC	OC - TOTAL							

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 428 ELIGIBLES USERS UNITS OF SERVICE COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 9.62 @ALL OTHER PROVIDERS 35 127 \$ 4,115.33 32.40 .297 \$ 117.58 \$ DURABLE MED. EQUIP. 1 2 37.74 18.87 .005 37.74 .09 .00 .00 0 .00 BLOOD BANK 0 .000 .00 HEARING AID DISPENSERS 0 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION 1,487.40 16.90 .206 185.93 87 16.98 184.69 AMBULANCES/AIR TRANS 1,477.52 .203 .00 .00 OTHER TRANS .00 .000 .00 OTHER SERVICES 9.88 9.88 .002 9.88 .02 .00 ACUPUNCTURE .00 .00 .000 .00 ADULT DAY HEALTH CARE CTR 0 .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 2,205.00 105.00 .049 105.00 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .000 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 35.76 8.94 17.88 OPTICIAN .009 PHYSICAL THERAPIST .00 .00 .000 .00 .00 .00 .00 .00 PORTABLE X-RAY .000 .00 116.42 38.81 58.21 PROSTHETIST/ORTHOTISTS .007 116.42 38.81 .007 58.21 .27 PROSTHETICS .00 .00 ORTHOTICS .00 .000 .00 .00 .00 .00 PSYCHOLOGIST .000 SPEECH AND AUDIOLOGY .00 .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .000 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 .000 .00 .00 .00 .00 RESPIRATORY CARE PRACT. .000 PED SUBACUTE REHAB/WEANING 0 .00 .00 .00 .000 .00 ALL OTHER PROVIDERS 9 233.01 25.89 .021 116.51 .54 25,657.94 \$ 1115.56 @CALIF. CHILDREN SERVICES* .054 \$ 12828.97 \$.000 \$.00 \$

.00

\$

.00

0

@XOVER EXCLUDING STATE HOSP**

.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

FEE-FOR-SERVICE/DENTAL

MOP024

03/14/05

PLACER COUNTY	SUMMARY OF SER	JICES FOR MIA - SOC - 1	LTC	AID CODE	53		
					MON'	THLY AVERA	GE
18 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	28	562 \$	47,015.97	\$ 83.66	31.222 \$	1679.14	\$ 2612.00
@PHYSICIANS SERVICES	8	17 \$	697.74	\$ 41.04	.944 \$	87.22	
OUTPATIENT VISITS	3	3	245.33	81.78	.167	81.78	13.63
OFFICE VISITS	1	1	68.90	68.90	.056	68.90	3.83
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	176.43	88.22	.111	88.22	9.80
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
	0	0					
INPATIENT VISITS	0	0	266.90	29.66	.500	53.38	14.83
HOSPITAL VISITS	0	-	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	5	9	266.90	29.66	.500	53.38	14.83
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	2	3	125.02	41.67	.167	62.51	6.95
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	2	60.49	30.25	.111	60.49	3.36
@PHARMACY	15	64 \$	3,592.70	\$ 56.14	3.556 \$		
PRESCRIPTION DRUGS	15	64	3,592.70	56.14	3.556	239.51	199.59
SNF/ICF	11	56	1,693.30	30.24	3.111	153.94	94.07
OUTPATIENTS	4	8	1,899.40	237.43	.444	474.85	105.52
	0	0	•		.000		.00
MEDICAL SUPPLIES @DENTIST	2	4 \$.00 130.00	.00 \$ 32.50	.222 \$.00 65.00	
-	2	4 9	130.00	32.50	.222	65.00	7.22
VISITS - DIAGNOSTIC	2	0					
ORAL SURGERY	0		.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURES MO				C 2004	PAGE 9,798
MODOOA	EEE EOD CEDIATO	- /DENEZI					02/11/05

PLACER COUNTY	SUMMARY OF SERVICES FOR	MIA - S	JC	LTC	AID CODE				~-	
40					 	MO			GE	
18 ELIGIBLES		SERVICE		EXPENDITURES		UNITS/DAYS				COST PER
		OF CARE			UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000		.00		.00
EYE APPLIANCES	0	0		.00	.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$		\$.00
VISITS	0	0		.00	.00	.000		.00		.00
OTHER SERVICES	0	0		.00	.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000		.00		.00
SURGERY/ANES.	0	0		.00	.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000		.00		.00
OTHER	0	0		.00	.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	4	11	\$	37.96	\$ 3.45	.611	\$	9.49	\$	2.11
HOSP INPATIENT TOTAL	0	0		.00	.00	.000		.00		.00
HSC HOSPITALS	0	0		.00	.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000		.00		.00
ANCILLARIES	0	0		.00	.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	4	11		37.96	3.45	.611		9.49		2.11
MEDICAL	1	1		.00	.00	.056		.00		.00
SURGERY	0	0		.00	.00	.000		.00		.00
PATHOLOGY	4	7		37.96	5.42	.389		9.49		2.11
RADIOLOGY	0	0		.00	.00	.000		.00		.00
ROOM USE	1	1		.00	.00	.056		.00		.00
CROSSOVERS/ALL OTH OUTPINT	1	2		.00	.00	.111		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000		.00		.00
HSC HOSPITALS	0	0		.00	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	0	Ō		.00	.00	.000		.00		.00
ANCILLARIES	0	0		.00	.00	.000		.00		.00
INPATIENT CROSSOVERS	0	Ō		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0	Ō		.00	.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000		.00		.00
MEDICAL	0	Ö		.00	.00	.000		.00		.00
SURGERY	0	0		.00	.00	.000		.00		.00
PATHOLOGY	0	Ō		.00	.00	.000		.00		.00
RADIOLOGY	0	0		.00	.00	.000		.00		.00
ROOM USE	0	0		.00	.00	.000		.00		.00

PLACER COUNTY SUMMARY OF SERVICES FOR MIA - SOC - LTC AID CODE 53

SUMMARY OF SERV	VICES FOR	MIA - S	30C - LT	<i>-</i>		AID CODE	53				
							MO	TNC	HLY AVERA	GΕ	
USERS	UNITS OF	SERVICE	1	EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
	OR DAYS	OF CARE	1		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
4		11	\$	37.96	\$	3.45	.611	\$	9.49	\$	2.11
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
4		11		37.96		3.45	.611		9.49		2.11
1		1		.00		.00	.056		.00		.00
0		0		.00		.00	.000		.00		.00
4		7		37.96		5.42	.389		9.49		2.11
0		0		.00		.00	.000		.00		.00
1		1		.00		.00	.056		.00		.00
1		2		.00		.00	.111		.00		.00
0		0	\$.00	\$.00		\$.00	\$.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
3		231	\$	22 , 995.02	\$	99.55	12.833	\$	7665.01	\$	1277.50
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
9 0		0		.00		.00	.000		.00		.00
	USERS 4 0 0 0 0 0 0 0 0 0 0 0 0 4 1 0 4 1 0 0 1 1 0 0 0 3 0 0 0	USERS UNITS OF OR DAYS 4 0 0 0 0 0 0 0 0 0 0 0 0 4 1 0 4 1 0 4 0 0 1 1 0 0 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE 4 11 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE 4 11 \$ 0 1 1 1 1 1 2 0 0 0 1 1 1 1 1 2 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 0	OR DAYS OF CARE 4	USERS UNITS OF SERVICE OR DAYS OF CARE 4 11 \$ 37.96 \$ 0 0 0 .00 1 1 1 1 0.00 1 1 2 0.00 1 1 2 0.00 1 1 2 0.00 1 0 0 \$.00 1 1 1 1 0.00 1 0 0 \$.00 1 1 1 1 0.00 1 0 0 \$.00 1 1 1 1 0.00 1 0 0 \$.00 1 1 1 1 0.00 1 0 0 \$.00 1 1 1 1 0.00 1 0 0 \$.00 1 0 0 \$.00 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE 4 11 \$ 37.96 \$ 3.45 0 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .0	USERS UNITS OF SERVICE OR DAYS OF CARE 4 11 \$ 37.96 \$ 3.45 .611 0 0 0 .00 .00 .00 .000 0 0 0 .00 .00 .0	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE OR DAYS OF CARE 4 11 \$ 37.96 \$ 3.45 .611 \$ 00 .00 .00 .00 .00 .00 .00 .00 .00 .0	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE PER UNITS/DAYS COST PER PER UNIT/DAY PER ELIG USER 4 11 \$ 37.96 \$ 3.45 611 \$ 9.49 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE 4 11 \$ 37.96 \$ 3.45

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	3	231		22,995.02		99.55 1	2.833		7665.01		1277.50
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	11	\$	70.52	\$	6.41	.611	\$	35.26	\$	3.92
PATHOLOGY	2	11		70.52		6.41	.611		35.26		3.92
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITUE	RES MONTH-O	F-PAYMENT F	REPORT	FOR JAN 2004	THRU	DEC	2004	PI	AGE 9,800
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR	R MIA - S	SOC - LTC			AID CODE 53					

----- MONTHLY AVERAGE -----18 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 224 87.02 12.444 \$ 1499.39 \$ 1082.89 13 19,492.03 3 5 333.47 111.16 DURABLE MED. EQUIP. 66.69 .278 18.53 BLOOD BANK 0 0 .00 .00 .000 .00 .00 .00 HEARING AID DISPENSERS 0 .00 .00 .000 .00 MEDICAL TRANSPORTATION 2,635.72 31.01 4.722 658.93 146.43 223.50 AMBULANCES/AIR TRANS 27 670.50 24.83 1.500 37.25 OTHER TRANS 57 165.22 2.90 3.167 55.07 9.18 1,800.00 1800.00 .056 1800.00 100.00 OTHER SERVICES ACUPUNCTURE 0 .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR 0 .00 .00 .000 .00 .00 .00 .00 .00 GENETIC DISEASE TESTING .000 .00 .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .000 OCCUPATIONAL THERAPIST .00 .00 .00 .00 .00 .00 .00 .00 OPTICIAN .000 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY 38.68 19.34 .111 38.68 2.15 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .000 .00 .00 .00 ORTHOTICS .00 .000 .00 .00 .00 .00 .000 .00 PSYCHOLOGIST SPEECH AND AUDIOLOGY 0 .00 .00 .00 .00 .000 HOSPICE SERVICES 132 16,484.16 124.88 7.333 2747.36 915.79 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 .00 .00 .000 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. 0 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 0 .00 ALL OTHER PROVIDERS .00 .000 .00 .00 @CALIF. CHILDREN SERVICES* .00 .00 .000 \$.00 \$.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$

03/14/05

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,801

MOP024 FEE-FOR-SERVICE/DENTAL

PLACER COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

PLACER COUNTY	SUMMARY OF SERV	/ICES FOR MIA - SOC -	- PREGNAN'I'	AID CODE			
					MON'	THLY AVERA	GE
09 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	18	55 \$	4,211.88	\$ 76.58	6.111 \$	233.99	\$ 467.99
@PHYSICIANS SERVICES	9	20 \$	3,405.98	\$ 170.30	2.222 \$	378.44	\$ 378.44
OUTPATIENT VISITS	5	6	338.50	56.42	.667	67.70	37.61
OFFICE VISITS	3	3	130.70	43.57	.333	43.57	14.52
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	152.68	76.34	.222	76.34	16.96
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	55.12	55.12	.111	55.12	6.12
INPATIENT VISITS	2	6	226.80	37.80	.667	113.40	25.20
HOSPITAL VISITS	2	6	226.80	37.80	.667	113.40	25.20
	2	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00				
SNF/ICF/TRANS IP CARE	U	0		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	U	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	U	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	5	2,769.39	553.88	.556	923.13	307.71
PRINCIPAL SURGEON	3	5	2,769.39	553.88	.556	923.13	307.71
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	3	71.29	23.76	.333	35.65	7.92
@PHARMACY	3	4 \$	60.53	\$ 15.13	.444 \$		\$ 6.73
PRESCRIPTION DRUGS	3	4	60.53	15.13	.444	20.18	6.73
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	3	4	60.53	15.13	.444	20.18	6.73
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
	0	0	.00			.00	
PERIODONTICS	U	0	.00	.00	.000	.00	.00
ENDODONTICS	U	0	.00			.00	
RESTORATIVE DENTISTRY	U	U		.00	.000		.00
PROSTHETICS	0	U	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	U	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

.00 .00 MAXILLOFACIAL SERVICES 0 0 .00 .000 .00 FRACTURES, DISLOCATIONS 0 0 .00 .00 .000 .00 .00 .00 .00 ORTHODONTIC SERVICES 0 0 .00 .000 .00 0 .00 .00 .00 ALL OTHER SERVICES 0 .00 .000 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,802

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

PLACER COUNTY	SUMMARY OF SER	VICES FOR MIA -	SOC -	PREGNANT	AID CODE	87			
							HLY AVERA	GΕ	
09 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	ERAGE COST				COST PER
		OR DAYS OF CAR			R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00		.00
EYE APPLIANCES	0	0		.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	0	0		.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	10	28	\$	573.17	\$ 20.47	3.111	\$ 57.32	\$	63.69
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	10	28		573.17	20.47	3.111	57.32		63.69
MEDICAL	2	2		23.95	11.98	.222	11.98		2.66
SURGERY	1	1		13.88	13.88	.111	13.88		1.54
PATHOLOGY	1	4		29.16	7.29	.444	29.16		3.24
RADIOLOGY	2	2		111.71	55.86	.222	55.86		12.41
ROOM USE	8	9		267.05	29.67	1.000	33.38		29.67
CROSSOVERS/ALL OTH OUTPTNT	4	10		127.42	12.74	1.111	31.86		14.16
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DEC	2004	PAGE 9,803
MOP024	FEE-FOR-SERVICE/DENT	AL					03/14/05
PLACER COUNTY	SUMMARY OF SERVICES	FOR MIA - SOC	- PREGNANT	AID CODE	87		

----- MONTHLY AVERAGE -----09 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 10 28 573.17 20.47 3.111 \$ 57.32 \$ 63.69 COMM HOSP INPATIENT TOTAL 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HSC HOSPITALS .00 NON-HSC HOSPITALS TOTAL .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 ANCILLARIES .00 .000 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 .000 .00 ALL OTHER INPATIENT .00 COMM HOSP OUTPATIENT TOTAL 10 28 573.17 20.47 3.111 57.32 63.69 23.95 11.98 .222 11.98 MEDICAL 2.66 SURGERY 13.88 13.88 13.88 .111 1.54 7.29 29.16 29.16 .444 3.24 PATHOLOGY RADIOLOGY .222 55.86 111.71 55.86 12.41 9 ROOM USE 267.05 29.67 1.000 33.38 29.67 10 127.42 12.74 CROSSOVERS/ALL OTH OUTPINT 1.111 31.86 14.16 0 .00 .00 \$ @STATE HOSPITAL .00 .000 \$.00 0 MENTALLY ILL .00 .00 .000 .00 .00 DEVELOP. DISABLED .00 .00 .000 .00 .00 .00 .00 .000 \$.00 .00 @NURSING FACILITY LEV A-INTERMEDIATE .00 .00 .000 .00 .00 LEV B-REHAB MD .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED .00 .00 .000 .00 .00 LEV B-TRANSITIONAL IP CARE .00 .00 .000 .00 .00 0 .00 .00 .000 .00 .00 LEV B-REGULAR 0 @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 .00 \$.00 0 ICF DDH .00 .00 .000 .00 .00 0 .00 .00 ICF DD .00 .000 .00 ICF DDN/DDCN 0 .00 .00 .000 .00 .00 @HEMODIALYSIS TOTAL .00 .00 .000 \$.00 . 00 HOSPITAL BASED .00 .00 .000 .00 .00 0 HEMODIALYSIS CENTER .00 .00 .000 .00 .00 @REHABILITATION FACILITY Ω .00 .00 .000 .00 . 00 0 .00 .00 .00 .000 .00 HOSPITAL BASED 0 .00 .00 INDEPENDENT FACILITY .00 .000 .00 .00 .00 .00 .000 Ś . 00 **@LABORATORY FACILITY** .00 .00 .00 .000 .00 PATHOLOGY 0 .00 .00 XO AND OTHERS .00 .000 .00 0 .00 .00 \$ @ORGANIZED OUTPATIENT CLINIC .00 .000 Ś .00 CLINIC .00 .00 .000 .00 .00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 200	1 THRU DEC	2004	PAGE 9,804
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
PLACER COUNTY	SUMMARY OF SERVICES F	OR MIA - SOC	- PREGNANT	AID CODE 87			

			_		MON	THLY AVERA	GE
09 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2	3 \$	172.20	\$ 57.40	.333 \$	86.10	\$ 19.13
DURABLE MED. EQUIP.	2	3	172.20	57.40	.333	86.10	19.13
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00	\$.00

^{0*} Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,805
MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

----- MONTHLY AVERAGE -----UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER 27 ELIGIBLES USERS EXPENDITURES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 46 617 51,227.85 \$ 83.03 22.852 \$ 1113.65 \$ 1897.33 @PHYSICIANS SERVICES 17 37 4,103.72 110.91 1.370 \$ 241.40 \$ 8 9 583.83 72.98 21.62 OUTPATIENT VISITS 64.87 .333 OFFICE VISITS 199.60 49.90 .148 49.90 7.39 HOME VISITS .00 .00 .000 .00 .00 82.28 82.28 EMERGENCY ROOM 329.11 .148 12.19 PREVENTIVE CARE .00 .00 .000 .00 .00 .00 .00 .00 .000 OB VISITS/COMPRE PERI .00 OTHER OUTPATIENT 1 55.12 55.12 .037 55.12 2.04 15 493.70 32.91 .556 70.53 INPATIENT VISITS 18.29 6 226.80 37.80 .222 113.40 HOSPITAL VISITS 8.40 .00 .00 .000 .00 .00 CRITICAL CARE 266.90 53.38 SNF/ICF/TRANS IP CARE 29.66 .333 9.89 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 .00 .00 EXAMINATIONS .00 .000 .00 .00 .00 .00 SERVICES AND MATERIALS .000 .00 INPATIENT HOSPITAL SURGERY 2,769.39 553.88 .185 923.13 102.57 PRINCIPAL SURGEON 2,769.39 553.88 .185 923.13 102.57 .00 .00 .00 .000 .00 ASSISTANT SURGEON ANESTHESIOLOGIST .00 .00 .000 .00 .00 .00 OUTPATIENT SURGERY .00 .00 .000 .00 .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .00 .000 .00 ASSISTANT SURGEON .00 .00 .00 ANESTHESIOLOGIST .000 .00 .00 .00 .00 .000 .00 DIALYSIS .00 PATHOLOGY .00 .00 .000 .00 41.67 RADIOLOGY 125.02 .111 62.51 4.63 .00 .00 .00 .000 .00 IMMUNIZATION AND INJECTION .00 .00 .000 .00 .00 5 OTHER SERVICES/ALL X-OVERS 131.78 26.36 .185 43.93 4.88 @PHARMACY 3,653.23 53.72 2.519 \$ 202.96 \$ 18 68 3,653.23 53.72 2.519 202.96 PRESCRIPTION DRUGS 135.30 11 56 1,693.30 30.24 2.074 153.94 62.71 SNF/ICF 163.33 279.99 72.59 OUTPATIENTS 1,959.93 .444 0 MEDICAL SUPPLIES .00 .00 .000 .00 .00 @ DENTIST 130.00 32.50 .148 \$ 65.00 \$ 4.81 130.00 32.50 65.00 .148 VISITS - DIAGNOSTIC .00 .00 .00 ORAL SURGERY .000 .00 .00 .00 .00 DRUGS .000 .00 ANESTHESIA .00 . 00 .000 . 00 .00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU	DEC 2004	PAGE 9,806
MOP024	FEE-FOR-SERVICE/DENTA	AL					03/14/05
PLACER COUNTY	SUMMARY OF SERVICES E	FOR MIA - SOC	- TOTAL				
					M	ONTHLY AVERAG	E

						M	ONT	HLY AVERA	GΕ	
27 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	14	39	\$ 611.13	\$	15.67	1.444	\$	43.65	\$	22.63
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	14	39	611.13		15.67	1.444		43.65		22.63
MEDICAL	3	3	23.95		7.98	.111		7.98		.89
SURGERY	1	1	13.88		13.88	.037		13.88		.51
PATHOLOGY	5	11	67.12		6.10	.407		13.42		2.49
RADIOLOGY	2	2	111.71		55.86	.074		55.86		4.14
ROOM USE	9	10	267.05		26.71	.370		29.67		9.89
CROSSOVERS/ALL OTH OUTPINT	5	12	127.42		10.62	.444		25.48		4.72
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 20	004 THRU DEC	2004	PAGE 9,807
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
DIACED COLIMITY	CLIMMADA OE CEDMICEC EO	D MIN - COC	_ TOTAT				

PLACER COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

FLACEN COUNTI	DOMMANT OF DEN	VICES FOR MIA SO	<i>J</i> C	IOIAL			MO	ייינער	מסשנות עדשי	CF	
27 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Δ775	ERAGE COST			COST PER	-	COST PER
27 EDIGIDDES	OSERS	OR DAYS OF CARE		EXIENDITORES		R UNIT/DAY	PER ELIG	,	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	14	39	\$	611.13	Ś	15.67	1.444	Ś	43.65	\$	22.63
COMM HOSP INPATIENT TOTAL	0	0	7	.00	-	.00	.000	т	.00	7	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	14	39		611.13		15.67	1.444		43.65		22.63
MEDICAL	3	3		23.95		7.98	.111		7.98		.89
SURGERY	1	1		13.88		13.88	.037		13.88		.51
PATHOLOGY	5	11		67.12		6.10	.407		13.42		2.49
RADIOLOGY	2	2		111.71		55.86	.074		55.86		4.14
ROOM USE	9	10		267.05		26.71	.370		29.67		9.89
CROSSOVERS/ALL OTH OUTPINT	5	12		127.42		10.62	.444		25.48		4.72
@STATE HOSPITAL	Ō	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	3	231	\$	22,995.02	\$	99.55	8.556	\$	7665.01	\$	851.67
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	3	231		22,995.02		99.55	8.556		7665.01		851.67
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00

INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	11	\$	70.52	\$	6.41	.407	\$	35.26	\$	2.61
PATHOLOGY	2	11		70.52		6.41	.407		35.26		2.61
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURE	S MONTH-OF	F-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC 2	2004	PAGE	9,808
MOP024	FEE-FOR-SERVICE/DENT	AL								C	3/14/05
PLACER COUNTY	SUMMARY OF SERVICES	FOR MIA - SC	C - TOTAL								
							M	INTHO	LY AVERA	GE	

					MOI	NIULI AAFVA	.GE
27 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	15	227 \$	19,664.23	\$ 86.63	8.407	\$ 1310.95	\$ 728.30
DURABLE MED. EQUIP.	5	8	505.67	63.21	.296	101.13	18.73
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	4	85	2,635.72	31.01	3.148	658.93	97.62
AMBULANCES/AIR TRANS	3	27	670.50	24.83	1.000	223.50	24.83
OTHER TRANS	3	57	165.22	2.90	2.111	55.07	6.12
OTHER SERVICES	1	1	1,800.00	1800.00	.037	1800.00	66.67
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	38.68	19.34	.074	38.68	1.43
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	6	132	16,484.16	124.88	4.889	2747.36	610.52
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,809
MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

							MC	NTHLY AVER	AGE	
00 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVER	AGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00 \$.00	.000 \$.00 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00 \$.00	.000 \$.00 \$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES MO	NTH-OF-PAYMENT REPO	RT FOR JAN	2004 THRU DEC	2004	PAGE 9,810
MOP024	FEE-FOR-SERVICE/DEN	ITAL					03/14/05
PLACER COUNTY	SUMMARY OF SERVICES	FOR FOR FUTURE (JSE				
					MONT	HLY AVERAGE	E

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVER	AGE COST	UNITS/DAY	S	COST PER	.GE	COST PER
00 221012220	00210	OR DAYS OF CARE	2111 2113 1 1 01120		UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000		.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	0	0	.00		.00	.000		.00		.00

CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.0	0 .000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.0	0 .000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.0	0 .000	.00		.00
HSC HOSPITALS	0	0	.00	.0	0 .000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.0	0 .000	.00		.00
ACCOMMODATIONS	0	0	.00	.0	0 .000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.0	0 .000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.0	0.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.0	0.000	.00		.00
ANCILLARIES	0	0	.00	.0	0.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.0	0.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.0	0.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.0	0.000	.00		.00
MEDICAL	0	0	.00	.0	0.000	.00		.00
SURGERY	0	0	.00	.0	0 .000	.00		.00
PATHOLOGY	0	0	.00	.0	0 .000	.00		.00
RADIOLOGY	0	0	.00	.0	0 .000	.00		.00
ROOM USE	0	0	.00	.0	0 .000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.0	0 .000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR J	AN 2004 THRU	DEC 2004	PAGE	9,811
MOP024	FEE-FOR-SERVICE/DENTAL						03/	/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR	FOR FUTURE	USE					
						MONTHLY ATTENA	CF	

					MONT	HLY AVERAGE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER (COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER I	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00 \$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00 \$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-O	F-PAYMENT R	EPORT	FOR JAN 2	2004 THRU	DEC	2004	PAGE	9,812
MOP024	FEE-FOR-SERVICE/DENTAL									03	/14/05
PLACER COUNTY	SUMMARY OF SERVICES FO	R FOR FUTU	RE USE								

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .00 \$ @ALL OTHER PROVIDERS 0 0 .00 .00 .000 \$.00 DURABLE MED. EQUIP. 0 .00 .00 .000 .00 .00 .00 .00 .00 BLOOD BANK 0 .000 .00 HEARING AID DISPENSERS .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 .00 .00 .00 AMBULANCES/AIR TRANS .000 .00 .00 .00 .00 OTHER TRANS .000 .00 .00 OTHER SERVICES .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 OPTICIAN PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS .000 .00 .00 .00 .000 .00 .00 PROSTHETICS ORTHOTICS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 PSYCHOLOGIST SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 .00 .00 .00 RESPIRATORY CARE PRACT. .000 .000 PED SUBACUTE REHAB/WEANING .00 .00 .00 .00 ALL OTHER PROVIDERS .00 .00 .00 .000 .00 @CALIF. CHILDREN SERVICES* .00 .00 .000 \$.00 .00 \$ \$.000 \$.00 \$ @XOVER EXCLUDING STATE HOSP** .00 .00 .00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

					MON	THLY AVERA	GE
455 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	549	3 , 578 \$	383,083.21	\$ 107.07	7.864 \$	697.78	\$ 841.94
@PHYSICIANS SERVICES	312	924 \$	73,574.90	\$ 79.63	2.031 \$		
OUTPATIENT VISITS	167	245	15,588.09	63.62	.538	93.34	34.26
OFFICE VISITS	54	67	3,077.25	45.93	.147	56.99	6.76
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	39	49	3,177.41	64.85	.108	81.47	6.98
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	84	126	9,210.06	73.10	.277	109.64	20.24
OTHER OUTPATIENT	3	3	123.37	41.12	.007	41.12	.27
INPATIENT VISITS	45	131	9,512.80	72.62	.288	211.40	20.91
HOSPITAL VISITS	40	86	3,673.98	42.72	.189	91.85	8.07
CRITICAL CARE	3	36	5,571.92	154.78	.079	1857.31	12.25
SNF/ICF/TRANS IP CARE	5	9	266.90	29.66	.020	53.38	.59
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	56	246	35,025.67	142.38	.541	625.46	76.98
PRINCIPAL SURGEON	34	38	28,262.80	743.76	.084	831.26	62.12
ASSISTANT SURGEON	12	12	2,144.76	178.73	.026	178.73	4.71
ANESTHESIOLOGIST	23	196	4,618.11	23.56	.431	200.79	10.15
OUTPATIENT SURGERY	25	50	2,966.17	59.32	.110	118.65	6.52
PRINCIPAL SURGEON	2.4	35	2,499.57	71.42	.077	104.15	5.49
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	6	15	466.60	31.11	.033	77.77	1.03
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	29	49	892.37	18.21	.108	30.77	1.96
RADIOLOGY	109	137	7,463.18	54.48	.301	68.47	16.40
PSYCHIATRY	1	1	32.98	32.98	.002	32.98	.07
IMMUNIZATION AND INJECTION	13	30	763.91	25.46	.066	58.76	1.68
OTHER SERVICES/ALL X-OVERS	24	35	1,329.73	37.99	.077	55.41	2.92
@PHARMACY	157	443 \$	25,090.73	\$ 56.64	.974 \$		
PRESCRIPTION DRUGS	153	405	22,571.95	55.73	.890	147.53	49.61
SNF/ICF	11	56	1,693.30	30.24	.123	153.94	3.72
OUTPATIENTS	142	349	20,878.65	59.82	.767	147.03	45.89
MEDICAL SUPPLIES	16	38	2,518.78	66.28	.084	157.42	5.54
@DENTIST	26	80 \$	3,100.00	\$ 38.75	.176 \$		
VISITS - DIAGNOSTIC	20	52	1,150.00	22.12	.114	57.50	2.53
ORAL SURGERY	3	3	215.00	71.67	.007	71.67	.47
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	3	760.00	253.33	.007	760.00	1.67
RESTORATIVE DENTISTRY	6	20	875.00	43.75	.044	145.83	1.92
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	2	100.00	50.00	.004	50.00	.22
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALLE DEPT OF HEALTH SERV		FS AND FYDENDITHIBES N					DACE 9 814

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,814 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

I HACHN COONII	SOMMAN OF SERV	/ICED FOR	ппотсипп	IT TINDI	SENI ADOLIS	10.	IVU				~-	
										HLY AVERA	GΕ	
455 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES		ERAGE COST		_	COST PER		COST PER
		OR DAYS				PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	4		16	\$	361.20	\$	22.58	.035	\$	90.30	\$.79
DIAGNOSTIC AND ANC. PROCED	4		4		189.80		47.45	.009		47.45		.42
EYE APPLIANCES	4		12		171.40		14.28	.026		42.85		.38
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1		2	\$	104.99	\$	52.50	.004	\$	104.99	\$.23
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	2		12	\$	1,610.25	\$	134.19	.026	\$	805.13	\$	3.54
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	188		1 , 067	\$	215,693.30	\$	202.15	2.345	\$	1147.30	\$	474.05
HOSP INPATIENT TOTAL	37		154		196,047.70		1273.04	.338		5298.59		430.87
HSC HOSPITALS	28		112		149,074.39		1331.02	.246		5324.09		327.64
NON-HSC HOSPITAL TOTAL	9		42		46,973.31		1118.41	.092		5219.26		103.24
ACCOMMODATIONS	9		42		19,631.48		467.42	.092		2181.28		43.15
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	9		42		19,631.48		467.42	.092		2181.28		43.15
ANCILLARIES	9		0		27,341.83		.00	.000		3037.98		60.09
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	170	913	19,645.60	21.52	2.007	115.56	43.18
MEDICAL	19	24	910.81	37.95	.053	47.94	2.00
SURGERY	25	49	1,261.93	25.75	.108	50.48	2.77
PATHOLOGY	103	466	5,983.05	12.84	1.024	58.09	13.15
RADIOLOGY	33	43	3,169.32	73.71	.095	96.04	6.97
ROOM USE	91	133	5,250.04	39.47	.292	57.69	11.54
CROSSOVERS/ALL OTH OUTPTNT	72	198	3,070.45	15.51	.435	42.65	6.75
@COUNTY HOSPITAL TOTAL	4	43 \$	1,256.78	\$ 29.23	.095	\$ 314.20	\$ 2.76
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	43	1,256.78	29.23	.095	314.20	2.76
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	3	4	122.40		.009	40.80	.27
PATHOLOGY	2	14	331.99	23.71	.031	166.00	.73
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	3	9	563.57	62.62	.020	187.86	1.24
CROSSOVERS/ALL OTH OUTPTNT		16	238.82		.035	59.71	.52
	MEDI-CAL SERVICES AND EX	XPENDITURES	MONTH-OF-PAYMENT I	REPORT FOR JAN	2004 THRU I	DEC 2004	PAGE 9,815
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR	MEDICALLY	INDIGENT - ADULTS	- TOTAL			

						Mo	ONTHLY AVERA	AGE	
455 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAY	S COST PER		COST PER
		OR DAYS OF CARE	C .		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	184	1,024	\$	214,436.52	\$ 209.41	2.251	\$ 1165.42	\$	471.29
COMM HOSP INPATIENT TOTAL	37	154		196,047.70	1273.04	.338	5298.59		430.87
HSC HOSPITALS	28	112		149,074.39	1331.02	.246	5324.09		327.64
NON-HSC HOSPITALS TOTAL	9	42		46,973.31	1118.41	.092	5219.26		103.24
ACCOMMODATIONS	9	42		19,631.48	467.42	.092	2181.28		43.15
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	9	42		19,631.48	467.42	.092	2181.28		43.15
ANCILLARIES	9	0		27,341.83	.00	.000	3037.98		60.09
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	166	870		18,388.82	21.14	1.912	110.78		40.41
MEDICAL	19	24		910.81	37.95	.053	47.94		2.00
SURGERY	22	45		1,139.53	25.32	.099	51.80		2.50
PATHOLOGY	101	452		5,651.06	12.50	.993	55.95		12.42
RADIOLOGY	33	43		3,169.32	73.71	.095	96.04		6.97
ROOM USE	88	124		4,686.47	37.79	.273	53.26		10.30
CROSSOVERS/ALL OTH OUTPTNT	68	182		2,831.63	15.56	.400	41.64		6.22
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	3	231	\$	22,995.02	\$ 99.55	.508	\$ 7665.01	\$	50.54
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00

LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
LEV B-REGULAR	3	231	22,995.02		99.55	.508		7665.01		50.54
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00		.00	.000		.00		.00
ICF DD	0	0	.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00		.00
@LABORATORY FACILITY	121	325 \$	5,131.79	\$	15.79	.714	\$	42.41	\$	11.28
PATHOLOGY	121	325	5,131.79		15.79	.714		42.41		11.28
XO AND OTHERS	0	0	.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	43	124 \$	11,641.47	\$	93.88	.273	\$	270.73	\$	25.59
CLINIC	24	76	3,078.44		40.51	.167		128.27		6.77
SURGICENTER	1	8	242.01		30.25	.018		242.01		.53
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	19	40	8,321.02		208.03	.088		437.95		18.29
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND H	EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC	2004	PI	AGE 9,816
MOP024	FEE-FOR-SERVICE/DENTAL									03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR	R MEDICALLY	' INDIGENT - ADULTS	- TOT	AL					

----- MONTHLY AVERAGE -----455 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 23,779.56 \$ 67.17 @ALL OTHER PROVIDERS 50 354 \$.778 \$ 475.59 \$ 52.26 6 543.41 54.34 90.57 DURABLE MED. EQUIP. 10 .022 1.19 BLOOD BANK 0 .00 .00 .000 .00 .00 .00 0 HEARING AID DISPENSERS 0 .00 .00 .000 .00 MEDICAL TRANSPORTATION 12 173 4,123.12 23.83 .380 343.59 9.06 AMBULANCES/AIR TRANS 11 114 2,148.02 18.84 .251 195.27 4.72 OTHER TRANS 3 57 165.22 2.90 .125 55.07 .36 904.94 1,809.88 904.94 .004 3.98 OTHER SERVICES .00 .00 105.00 .00 .00 ACUPUNCTURE 0 .00 .000 .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR 0 .00 21 2,205.00 105.00 .046 105.00 4.85 GENETIC DISEASE TESTING .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST .00 .000 .00 .00 35.76 8.94 .009 17.88 OPTICIAN .00 PHYSICAL THERAPIST .00 .000 .00 .00 PORTABLE X-RAY 38.68 19.34 .004 38.68 .09 58.21 116.42 38.81 .007 PROSTHETIST/ORTHOTISTS PROSTHETICS 116.42 38.81 .007 58.21 .26 .00 ORTHOTICS .00 .000 .00 .00 .00 .00 .000 .00 PSYCHOLOGIST SPEECH AND AUDIOLOGY 0 .00 .00 .000 .00 .00 HOSPICE SERVICES 132 16,484.16 124.88 .290 2747.36 36.23 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 .00 .000 .00 . 00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 RESPIRATORY CARE PRACT. 0 .00 PED SUBACUTE REHAB/WEANING .00 .000 .00 .00 9 233.01 25.89 ALL OTHER PROVIDERS .020 116.51 .51 25,657.94 \$ 1115.56 @CALIF. CHILDREN SERVICES* .051 \$ 12828.97 \$ 56.39

0 \$.00 \$.00 \$.00 \$.00 @XOVER EXCLUDING STATE HOSP** 0

PAGE 9,817

03/14/05

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

PLACER COUNTY SUMMARY OF SERVICES FOR ALL AGED

PLACER COUNTY	SUMMARI OF SER	VICES FOR ALL AGED			14037	TIIT I ATIONA	C.D.
27,040 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MON'		COST PER
27,040 ELIGIBLES	USEKS		EXPENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	22,909	OR DAYS OF CARE 701,510 \$	28,956,771.89	\$ 41.28			\$ 1070.89
•	3,194	8,359 \$	187,072.48	\$ 22.38	.309 \$		
@PHYSICIANS SERVICES OUTPATIENT VISITS	522	667	22,250.71	33.36	.025	42.63	.82
	460	579	17,501.73	30.23	.023	38.05	
OFFICE VISITS	460	0				.00	.65 .00
HOME VISITS EMERGENCY ROOM	44	49	.00 3,749.07	.00 76.51	.000 .002	85.21	.14
PREVENTIVE CARE	0	0	.00	.00	.002	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	36	39	999.91	25.64	.001	27.78	.00
	72			38.17			
INPATIENT VISITS	52	157	5,993.24		.006	83.24	.22
HOSPITAL VISITS	52	131 2	5,027.94	38.38	.005	96.69	.19
CRITICAL CARE			243.20	121.60	.000	243.20	.01
SNF/ICF/TRANS IP CARE	20	24	722.10	30.09	.001	36.11	.03
OPHTHALMOLOGICAL SERVICES	57 55	78	3,006.67	38.55	.003	52.75	.11
EXAMINATIONS		74	2,888.15	39.03	.003	52.51	.11
SERVICES AND MATERIALS	4	4	118.52	29.63	.000	29.63	.00
INPATIENT HOSPITAL SURGERY	17	52	5,762.24	110.81	.002	338.96	.21
PRINCIPAL SURGEON	14	15	4,756.44	317.10	.001	339.75	.18
ASSISTANT SURGEON	1	1	110.57	110.57	.000	110.57	.00
ANESTHESIOLOGIST	3	36	895.23	24.87	.001	298.41	.03
OUTPATIENT SURGERY	74	134	19,897.51	148.49	.005	268.89	.74
PRINCIPAL SURGEON	65	81	18,217.18	224.90	.003	280.26	.67
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	13	53	1,680.33	31.70	.002	129.26	.06
DIALYSIS	19	51	7,725.48	151.48	.002	406.60	.29
PATHOLOGY	60	89	1,414.16	15.89	.003	23.57	.05
RADIOLOGY	230	459	27,064.53	58.96	.017	117.67	1.00
PSYCHIATRY	4	5	164.90	32.98	.000	41.23	.01
IMMUNIZATION AND INJECTION	33	328	1,058.25	3.23	.012	32.07	.04
OTHER SERVICES/ALL X-OVERS	2,572	6,339	92,734.79	14.63	.234	36.06	3.43
@PHARMACY	19,250	324,455 \$	5,489,454.59	\$ 16.92	11.999 \$		
PRESCRIPTION DRUGS	18,944	89,701	5,331,831.87	59.44	3.317	281.45	197.18
SNF/ICF	6,261	38,698	1,937,143.64	50.06	1.431	309.40	71.64
OUTPATIENTS	12,852	51,003	3,394,688.23	66.56	1.886	264.14	125.54
MEDICAL SUPPLIES	1,737	234,754	157,622.72	.67	8.682	90.74	5.83
@DENTIST	1,121	3,498 \$	184,124.71	\$ 52.64	.129 \$		
VISITS - DIAGNOSTIC	808	2,190	35,713.06	16.31	.081	44.20	1.32
ORAL SURGERY	173	435	19,065.55	43.83	.016	110.21	.71
DRUGS	1	1	25.00	25.00	.000	25.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	35	36	4,287.10	119.09	.001	122.49	.16
ENDODONTICS	29	36	7,814.25	217.06	.001	269.46	.29
RESTORATIVE DENTISTRY	123	290	20,167.25	69.54	.011	163.96	.75
PROSTHETICS	11	12	350.00	29.17	.000	31.82	.01
DENTURES, STAYPLATES	222	482	96,702.50	200.63	.018	435.60	3.58
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	23	16	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU	DEC 2004	PAGE 9,818
MOP024	FEE-FOR-SERVICE/DENT	AL					03/14/05
PLACER COUNTY	SUMMARY OF SERVICES	FOR ALL AGED					

PLACER COUNTY	SUMMARY OF SER	VICES FOR ALL AGEI)								
							MO	TИC	HLY AVERA	GE	
27,040 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CARE			PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	490	1,232	\$	26,613.03	\$	21.60	.046	\$	54.31	\$.98
DIAGNOSTIC AND ANC. PROCED	101	105		3 , 723.79		35.46	.004		36.87		.14
EYE APPLIANCES	334	962		17,288.56		17.97	.036		51.76		.64
OTHER OPTOMETRIC SERVICES	110	165		5,600.68		33.94	.006		50.92		.21
@CHIROPRACTOR	4	9	\$	142.12	\$	15.79	.000	\$	35.53	\$.01
VISITS	2	6		91.96		15.33	.000		45.98		.00
OTHER SERVICES	2	3		50.16		16.72	.000		25.08		.00
@PODIATRIST	993	1,138	\$	9,035.23	\$	7.94	.042	\$	9.10	\$.33
MEDICINE/INJECTIONS	5	, 6	·	144.00		24.00	.000		28.80		.01
SURGERY/ANES.	1	1		19.00		19.00	.000		19.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	988	1,131		8,872.23		7.84	.042		8.98		.33
@HOME HEALTH AGENCY	11	73	Ś		\$.003	Ś	471.93	Ś	.19
NURSE ANESTHESIST	6	52	Ś	239.48	\$	4.61	.002		39.91	\$.01
NURSE MIDWIFE	0	0	Ś	.00	\$.00	.000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ś	.00	\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	4	10	Ś		\$	16.49	.000		41.22	\$.01
@TOTAL HOSPITAL	1,166	9,559	¢		\$.354		510.76	\$	22.02
HOSP INPATIENT TOTAL	219	242	۲	442,526.27	٧	1828.62	.009	Y	2020.67	Y	16.37
HSC HOSPITALS	46	180		194,721.67		1081.79	.007		4233.08		7.20
NON-HSC HOSPITAL TOTAL	10	62		120,432.64		1942.46	.007		12043.26		4.45
ACCOMMODATIONS	10	62		42,481.73		685.19	.002		4248.17		1.57
	0	0		•		.00	.002		.00		.00
ADMINISTRATIVE DAYS	0	0		.00							
TRANSITIONAL IP CARE	•					.00	.000		.00		.00
ALL OTHER ACCOM	10 10	62 0		42,481.73		685.19	.002		4248.17		1.57 2.88
ANCILLARIES				77,950.91		.00	.000		7795.09		
INPATIENT CROSSOVERS	164	0		127,371.96		.00	.000		776.66		4.71
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	975	9,317		153,025.59		16.42	.345		156.95		5.66
MEDICAL	49	91		4,378.43		48.11	.003		89.36		.16
SURGERY	14	18		1,530.52		85.03	.001		109.32		.06
PATHOLOGY	128	800		5,990.36		7.49	.030		46.80		.22
RADIOLOGY	62	186		16,840.07		90.54	.007		271.61		.62
ROOM USE	102	144		5,541.27		38.48	.005		54.33		.20
CROSSOVERS/ALL OTH OUTPTNT		8,078		118,744.94		14.70	.299		147.69		4.39
@COUNTY HOSPITAL TOTAL	1	2	\$	51.77	\$	25.89	.000	Ş	51.77	Ş	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOOD OHEDAETENE HOEAT	1		F1 77	25 00	0.00	E1 77	0.0
CO HOSP OUTPATIENT TOTAL MEDICAL	1	2	51.77 14.89	25.89 14.89	.000	51.77 14.89	.00
	1	1					
SURGERY	0	U	.00	.00	.000	.00	.00
PATHOLOGY	U	U	.00	.00	.000	.00	.00
RADIOLOGY	U	U	.00	.00	.000	.00	.00
ROOM USE	Ţ	1	36.88	36.88	.000	36.88	.00
CROSSOVERS/ALL OTH OUTPINT		0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 9,819
MOP024	FEE-FOR-SERVICE	•					03/14/05
PLACER COUNTY	SUMMARY OF SERV	VICES FOR ALL AGED					
					MON		
27,040 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,165	9 , 557 \$	595 , 500.09	\$ 62.31	.353 \$		\$ 22.02
COMM HOSP INPATIENT TOTAL	219	242	442,526.27	1828.62	.009	2020.67	16.37
HSC HOSPITALS	46	180	194,721.67	1081.79	.007	4233.08	7.20
NON-HSC HOSPITALS TOTAL	10	62	120,432.64	1942.46	.002	12043.26	4.45
ACCOMMODATIONS	10	62	42,481.73	685.19	.002	4248.17	1.57
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	62	42,481.73	685.19	.002	4248.17	1.57
ANCILLARIES	10	0	77,950.91	.00	.000	7795.09	2.88
INPATIENT CROSSOVERS	164	0	127,371.96	.00	.000	776.66	4.71
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	974	9,315	152,973.82	16.42	.344	157.06	5.66
MEDICAL	48	90	4,363.54	48.48	.003	90.91	.16
SURGERY	14	18	1,530.52	85.03	.001	109.32	.06
PATHOLOGY	128	800	5,990.36	7.49	.030	46.80	.22
RADIOLOGY	62	186	16,840.07	90.54	.007	271.61	.62
ROOM USE	101	143	5,504.39	38.49	.005	54.50	.20
CROSSOVERS/ALL OTH OUTPTNT		8,078	118,744.94	14.70	.299	147.69	4.39
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$		\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	6,930	221 , 056	\$		\$	96.36	8.175	\$	3073.62	\$	787.73
LEV A-INTERMEDIATE	41	1,281		71,550.55		55.86	.047		1745.14		2.65
LEV B-REHAB MD	16	492		49,403.60		100.41	.018		3087.73		1.83
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	11	366		200,102.30		546.73	.014		18191.12		7.40
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	6,862	218 , 917		20,979,101.36		95.83	8.096		3057.29		775.85
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	91	1,747	\$	123,209.11	\$	70.53	.065	\$	1353.95	\$	4.56
HOSPITAL BASED	0	, 0	•	.00	·	.00	.000		.00	•	.00
HEMODIALYSIS CENTER	91	1,747		123,209.11		70.53	.065		1353.95		4.56
@REHABILITATION FACILITY	3	, 9	\$	247.92	\$	27.55	.000	Ś	82.64	Ś	.01
HOSPITAL BASED	3	9		247.92	'	27.55	.000		82.64		.01
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	199	867	\$	9,534.24	\$	11.00	.032	Ś		Ś	.35
PATHOLOGY	178	814	7	9,165.35	7	11.26	.030	т.	51.49	т.	.34
XO AND OTHERS	21	53		368.89		6.96	.002		17.57		.01
@ORGANIZED OUTPATIENT CLINIC	593	965	\$		Ś	106.69	.036	¢		Ś	3.81
CLINIC CLINIC	12	29	۲	1,635.33	Ÿ	56.39	.001	Y	136.28	Y	.06
SURGICENTER	60	169		15,029.47		88.93	.006		250.49		.56
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	527	767		86,287.26		112.50	.028		163.73		3.19
			DEC M	ONTH-OF-PAYMENT RI	7 D \ D 1			חביר		D	AGE 9,820
			(11)	ONIH OF EATHERT KI	25 01/1	I FOR OAN	2004 11110	טיינע	2004	E.	
MCDU7/I		י / הפאושמ ד									03/1//05
MOP024	FEE-FOR-SERVICE		תי								03/14/05
MOPU24 PLACER COUNTY		C/DENTAL VICES FOR ALL AGE	ED				M	ONT	מסקוות עוניי	CE	, , ,
PLACER COUNTY	SUMMARY OF SERV	TICES FOR ALL AGE		EADENDIMIDES	7/ 7/ 7/ 7	PACE COST			THLY AVERA		
		TICES FOR ALL AGE UNITS OF SERVICE	3	EXPENDITURES			UNITS/DAY	S	COST PER		 COST PER
PLACER COUNTY 27,040 ELIGIBLES	SUMMARY OF SERV	TICES FOR ALL AGE UNITS OF SERVICE OR DAYS OF CARE]		PEF	R UNIT/DAY	UNITS/DAY PER ELIG	S	COST PER USER		 COST PER ELIGIBLE
PLACER COUNTY 27,040 ELIGIBLES @ALL OTHER PROVIDERS	SUMMARY OF SERVUSERS 3,020	UNITS OF SERVICE OR DAYS OF CARE 128,481	3	923,081.13		R UNIT/DAY 7.18	UNITS/DAY PER ELIG 4.752	S	COST PER USER 305.66		COST PER ELIGIBLE 34.14
PLACER COUNTY 27,040 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	SUMMARY OF SERV USERS 3,020 176	UNITS OF SERVICE OR DAYS OF CARE 128,481 763]	923,081.13 78,864.61	PEF	7.18 103.36	UNITS/DAY PER ELIG 4.752 .028	S	COST PER USER 305.66 448.09		COST PER ELIGIBLE 34.14 2.92
PLACER COUNTY 27,040 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	SUMMARY OF SERV USERS 3,020 176 0	UNITS OF SERVICE OR DAYS OF CARE 128,481 763 0]	923,081.13 78,864.61 .00	PEF	7.18 103.36 .00	UNITS/DAY PER ELIG 4.752 .028 .000	S	COST PER USER 305.66 448.09 .00		COST PER ELIGIBLE 34.14 2.92
PLACER COUNTY 27,040 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	USERS 3,020 176 0 30	UNITS OF SERVICE OR DAYS OF CARE 128,481 763 0 34]	923,081.13 78,864.61 .00 13,004.46	PEF	7.18 103.36 .00 382.48	Y UNITS/DAY PER ELIG 4.752 .028 .000 .001	S	COST PER USER 305.66 448.09 .00 433.48		COST PER ELIGIBLE 34.14 2.92 .00 .48
PLACER COUNTY 27,040 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	SUMMARY OF SERV USERS 3,020 176 0 30 695	UNITS OF SERVICE OR DAYS OF CARE 128,481 763 0 34 25,512]	923,081.13 78,864.61 .00 13,004.46 93,950.80	PEF	7.18 7.18 103.36 .00 382.48 3.68	UNITS/DAY PER ELIG 4.752 .028 .000 .001 .943	S	COST PER USER 305.66 448.09 .00 433.48 135.18		COST PER ELIGIBLE 34.14 2.92 .00 .48 3.47
PLACER COUNTY 27,040 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	SUMMARY OF SERV USERS 3,020 176 0 30 695 47	UNITS OF SERVICE OR DAYS OF CARE 128,481 763 0 34 25,512 254]	923,081.13 78,864.61 .00 13,004.46 93,950.80 5,140.87	PEF	R UNIT/DAY 7.18 103.36 .00 382.48 3.68 20.24	PER ELIG 4.752 .028 .000 .001 .943 .009	S	COST PER USER 305.66 448.09 .00 433.48 135.18 109.38		COST PER ELIGIBLE 34.14 2.92 .00 .48 3.47 .19
PLACER COUNTY 27,040 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	SUMMARY OF SERV USERS 3,020 176 0 30 695 47 630	UNITS OF SERVICE OR DAYS OF CARE 128,481 763 0 34 25,512 254 25,070]	923,081.13 78,864.61 .00 13,004.46 93,950.80 5,140.87 88,343.00	PEF	R UNIT/DAY 7.18 103.36 .00 382.48 3.68 20.24 3.52	PER ELIG 4.752 .028 .000 .001 .943 .009 .927	S	COST PER USER 305.66 448.09 .00 433.48 135.18 109.38 140.23		COST PER ELIGIBLE 34.14 2.92 .00 .48 3.47 .19 3.27
PLACER COUNTY 27,040 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	SUMMARY OF SERV USERS 3,020 176 0 30 695 47 630 32	UNITS OF SERVICE OR DAYS OF CARE 128,481 763 0 34 25,512 254 25,070 188]	923,081.13 78,864.61 .00 13,004.46 93,950.80 5,140.87 88,343.00 466.93	PEF	R UNIT/DAY 7.18 103.36 .00 382.48 3.68 20.24 3.52 2.48	PER ELIG 4.752 .028 .000 .001 .943 .009 .927 .007	S	COST PER USER 305.66 448.09 .00 433.48 135.18 109.38 140.23 14.59		COST PER ELIGIBLE 34.14 2.92 .00 .48 3.47 .19 3.27 .02
PLACER COUNTY 27,040 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	SUMMARY OF SERV USERS 3,020 176 0 30 695 47 630 32 20	UNITS OF SERVICE OR DAYS OF CARE 128,481 763 0 34 25,512 254 25,070 188 83]	923,081.13 78,864.61 .00 13,004.46 93,950.80 5,140.87 88,343.00 466.93 1,405.71	PEF	R UNIT/DAY 7.18 103.36 .00 382.48 3.68 20.24 3.52 2.48 16.94	PER ELIG 4.752 .028 .000 .001 .943 .009 .927 .007	S	COST PER USER 305.66 448.09 .00 433.48 135.18 109.38 140.23 14.59 70.29		COST PER ELIGIBLE 34.14 2.92 .00 .48 3.47 .19 3.27 .02
PLACER COUNTY 27,040 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	USERS 3,020 176 0 30 695 47 630 32 20 361	UNITS OF SERVICE OR DAYS OF CARE 128,481 763 0 34 25,512 254 25,070 188 83 4,639]	923,081.13 78,864.61 .00 13,004.46 93,950.80 5,140.87 88,343.00 466.93 1,405.71 321,688.54	PEF	R UNIT/DAY 7.18 103.36 .00 382.48 3.68 20.24 3.52 2.48 16.94 69.34	PER ELIG 4.752 .028 .000 .001 .943 .009 .927 .007 .003 .172	S	COST PER USER 305.66 448.09 .00 433.48 135.18 109.38 140.23 14.59 70.29 891.10		COST PER ELIGIBLE 34.14 2.92 .00 .48 3.47 .19 3.27 .02 .05 11.90
PLACER COUNTY 27,040 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	USERS 3,020 176 0 30 695 47 630 32 20 361 0	UNITS OF SERVICE OR DAYS OF CARE 128,481 763 0 34 25,512 254 25,070 188 83 4,639 0]	923,081.13 78,864.61 .00 13,004.46 93,950.80 5,140.87 88,343.00 466.93 1,405.71 321,688.54 .00	PEF	R UNIT/DAY 7.18 103.36 .00 382.48 3.68 20.24 3.52 2.48 16.94 69.34	PER ELIG 4.752 .028 .000 .001 .943 .009 .927 .007 .003 .172	S	COST PER USER 305.66 448.09 .00 433.48 135.18 109.38 140.23 14.59 70.29 891.10 .00		COST PER ELIGIBLE 34.14 2.92 .00 .48 3.47 .19 3.27 .02 .05 11.90
PLACER COUNTY 27,040 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	USERS 3,020 176 0 30 695 47 630 32 20 361 0 153	UNITS OF SERVICE OR DAYS OF CARE 128,481 763 0 34 25,512 254 25,070 188 83 4,639 0 1,562]	923,081.13 78,864.61 .00 13,004.46 93,950.80 5,140.87 88,343.00 466.93 1,405.71 321,688.54 .00 76,145.67	PEF	R UNIT/DAY 7.18 103.36 .00 382.48 3.68 20.24 3.52 2.48 16.94 69.34 .00 48.75	PER ELIG 4.752 .028 .000 .001 .943 .009 .927 .007 .003 .172 .000	S	COST PER USER 305.66 448.09 .00 433.48 135.18 109.38 140.23 14.59 70.29 891.10 .00 497.68		COST PER ELIGIBLE 34.14 2.92 .00 .48 3.47 .19 3.27 .02 .05 11.90 .00 2.82
PLACER COUNTY 27,040 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST	USERS 3,020 176 0 30 695 47 630 32 20 361 0 153 0	UNITS OF SERVICE OR DAYS OF CARE 128,481 763 0 34 25,512 254 25,070 188 83 4,639 0 1,562]	923,081.13 78,864.61 .00 13,004.46 93,950.80 5,140.87 88,343.00 466.93 1,405.71 321,688.54 .00 76,145.67	PEF	R UNIT/DAY 7.18 103.36 .00 382.48 3.68 20.24 3.52 2.48 16.94 69.34 .00 48.75	PER ELIG 4.752 .028 .000 .001 .943 .009 .927 .007 .003 .172 .000 .058 .000	S	COST PER USER 305.66 448.09 .00 433.48 135.18 109.38 140.23 70.29 891.10 .00 497.68		COST PER ELIGIBLE 34.14 2.92 .00 .48 3.47 .19 3.27 .02 .05 11.90 .00 2.82 .00
PLACER COUNTY 27,040 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN	USERS 3,020 176 0 30 695 47 630 32 20 361 0 153 0 400	UNITS OF SERVICE OR DAYS OF CARE 128,481 763 0 34 25,512 254 25,070 188 83 4,639 0 1,562 0 906]	923,081.13 78,864.61 .00 13,004.46 93,950.80 5,140.87 88,343.00 466.93 1,405.71 321,688.54 .00 76,145.67 .00 10,972.70	PEF	R UNIT/DAY 7.18 103.36 .00 382.48 3.68 20.24 3.52 2.48 16.94 69.34 .00 48.75 .00	PER ELIG 4.752 .028 .000 .001 .943 .009 .927 .007 .003 .172 .000 .058 .000 .034	S	COST PER USER 305.66 448.09 .00 433.48 135.18 109.38 140.23 14.59 70.29 891.10 .00 497.68 .00 27.43		COST PER ELIGIBLE 34.14 2.92 .00 .48 3.47 .19 3.27 .02 .05 11.90 .00 2.82 .00 .41
PLACER COUNTY 27,040 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	SUMMARY OF SERV USERS 3,020 176 0 30 695 47 630 32 20 361 0 153 0 400 0	UNITS OF SERVICE OR DAYS OF CARE 128,481 763 0 34 25,512 254 25,070 188 83 4,639 0 1,562 0 906 0]	923,081.13 78,864.61 .00 13,004.46 93,950.80 5,140.87 88,343.00 466.93 1,405.71 321,688.54 .00 76,145.67 .00 10,972.70	PEF	R UNIT/DAY 7.18 103.36 .00 382.48 3.68 20.24 3.52 2.48 16.94 69.34 .00 48.75 .00 12.11	PER ELIG 4.752 .028 .000 .001 .943 .009 .927 .007 .003 .172 .000 .058 .000 .034 .000	S	COST PER USER 305.66 448.09 .00 433.48 135.18 109.38 140.23 14.59 70.29 891.10 .00 497.68 .00 27.43		COST PER ELIGIBLE 34.14 2.92 .00 .48 3.47 .19 3.27 .02 .05 11.90 .00 2.82 .00 .41 .00
PLACER COUNTY 27,040 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	USERS 3,020 176 0 30 695 47 630 32 20 361 0 153 0 400 0 148	UNITS OF SERVICE OR DAYS OF CARE 128,481 763 0 34 25,512 254 25,070 188 83 4,639 0 1,562 0 906 0 248]	923,081.13 78,864.61 .00 13,004.46 93,950.80 5,140.87 88,343.00 466.93 1,405.71 321,688.54 .00 76,145.67 .00 10,972.70 .00 201.96	PEF	R UNIT/DAY 7.18 103.36 .00 382.48 3.68 20.24 3.52 2.48 16.94 69.34 .00 48.75 .00 12.11 .00 .81	PER ELIG 4.752 .028 .000 .001 .943 .009 .927 .007 .003 .172 .000 .058 .000 .034 .000 .009	S	COST PER USER 305.66 448.09 .00 433.48 135.18 109.38 140.23 14.59 70.29 891.10 .00 497.68 .00 27.43 .00		COST PER ELIGIBLE 34.14 2.92 .00 .48 3.47 .19 3.27 .02 .05 11.90 .00 2.82 .00 .41 .00 .01
PLACER COUNTY 27,040 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	SUMMARY OF SERV USERS 3,020 176 0 30 695 47 630 32 20 361 0 153 0 400 0 148 6	UNITS OF SERVICE OR DAYS OF CARE 128,481 763 0 34 25,512 254 25,070 188 83 4,639 0 1,562 0 906 0 248 13]	923,081.13 78,864.61 .00 13,004.46 93,950.80 5,140.87 88,343.00 466.93 1,405.71 321,688.54 .00 76,145.67 .00 10,972.70 .00 201.96 170.87	PEF	R UNIT/DAY 7.18 103.36 .00 382.48 3.68 20.24 3.52 2.48 16.94 69.34 .00 48.75 .00 12.11 .00 .81 13.14	PER ELIG 4.752 .028 .000 .001 .943 .009 .927 .007 .003 .172 .000 .058 .000 .034 .000 .034 .000	S	COST PER USER 305.66 448.09 .00 433.48 135.18 109.38 140.23 14.59 70.29 891.10 .00 497.68 .00 27.43 .00 1.36 28.48		COST PER ELIGIBLE 34.14 2.92 .00 .48 3.47 .19 3.27 .02 .05 11.90 .00 2.82 .00 .41 .00 .01 .01
PLACER COUNTY 27,040 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS	SUMMARY OF SERV USERS 3,020 176 0 30 695 47 630 32 20 361 0 153 0 400 0 148 6	UNITS OF SERVICE OR DAYS OF CARE 128,481 763 0 34 25,512 254 25,070 188 83 4,639 0 1,562 0 906 0 248 13 13]	923,081.13 78,864.61 .00 13,004.46 93,950.80 5,140.87 88,343.00 466.93 1,405.71 321,688.54 .00 76,145.67 .00 10,972.70 .00 201.96 170.87	PEF	R UNIT/DAY 7.18 103.36 .00 382.48 3.68 20.24 3.52 2.48 16.94 69.34 .00 48.75 .00 12.11 .00 .81 13.14 13.14	PER ELIG 4.752 .028 .000 .001 .943 .009 .927 .007 .003 .172 .000 .058 .000 .034 .000 .009 .009	S	COST PER USER 305.66 448.09 .00 433.48 135.18 109.38 140.23 14.59 70.29 891.10 .00 497.68 .00 27.43 .00 1.36 28.48 28.48		COST PER ELIGIBLE 34.14 2.92 .00 .48 3.47 .19 3.27 .02 .05 11.90 .00 2.82 .00 .41 .00 .01 .01 .01
PLACER COUNTY 27,040 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS	USERS 3,020 176 0 30 695 47 630 32 20 361 0 153 0 400 0 148 6 6	UNITS OF SERVICE OR DAYS OF CARE 128,481 763 0 34 25,512 254 25,070 188 83 4,639 0 1,562 0 906 0 248 13 13]	923,081.13 78,864.61 .00 13,004.46 93,950.80 5,140.87 88,343.00 466.93 1,405.71 321,688.54 .00 76,145.67 .00 10,972.70 .00 201.96 170.87 170.87	PEF	R UNIT/DAY 7.18 103.36 .00 382.48 3.68 20.24 3.52 2.48 16.94 69.34 .00 48.75 .00 12.11 .00 .81 13.14 13.14	PER ELIG 4.752 .028 .000 .001 .943 .009 .927 .007 .003 .172 .000 .058 .000 .034 .000 .009 .009	S	COST PER USER 305.66 448.09 .00 433.48 135.18 109.38 140.23 14.59 70.29 891.10 .00 497.68 .00 27.43 .00 1.36 28.48 28.48 .00		COST PER ELIGIBLE 34.14 2.92 .00 .48 3.47 .19 3.27 .02 .05 11.90 .00 2.82 .00 .41 .00 .01 .01 .01 .01 .00
PLACER COUNTY 27,040 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST	USERS 3,020 176 0 30 695 47 630 32 20 361 0 153 0 400 0 148 6 6 0 8	UNITS OF SERVICE OR DAYS OF CARE 128,481 763 0 34 25,512 254 25,070 188 83 4,639 0 1,562 0 906 0 248 13 13 0 9]	923,081.13 78,864.61 .00 13,004.46 93,950.80 5,140.87 88,343.00 466.93 1,405.71 321,688.54 .00 76,145.67 .00 10,972.70 .00 201.96 170.87 170.87 .00 113.84	PEF	R UNIT/DAY 7.18 103.36 .00 382.48 3.68 20.24 3.52 2.48 16.94 69.34 .00 48.75 .00 12.11 .00 .81 13.14 13.14 .00 12.65	PER ELIG 4.752 .028 .000 .001 .943 .009 .927 .007 .003 .172 .000 .058 .000 .034 .000 .009 .000 .000	S	COST PER USER 305.66 448.09 .00 433.48 135.18 109.38 140.23 14.59 70.29 891.10 .00 497.68 .00 27.43 .00 1.36 28.48 28.48 .00 14.23		COST PER ELIGIBLE 34.14 2.92 .00 .48 3.47 .19 3.27 .02 .05 11.90 .00 2.82 .00 .41 .00 .01 .01 .01 .01 .00 .00 .00
PLACER COUNTY 27,040 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	USERS 3,020 176 0 30 695 47 630 32 20 361 0 153 0 400 0 148 6 6 0 8 112	UNITS OF SERVICE OR DAYS OF CARE 128,481 763 0 34 25,512 254 25,070 188 83 4,639 0 1,562 0 906 0 248 13 13 0 9 180]	923,081.13 78,864.61 .00 13,004.46 93,950.80 5,140.87 88,343.00 466.93 1,405.71 321,688.54 .00 76,145.67 .00 10,972.70 .00 201.96 170.87 170.87 .00 113.84 20,128.25	PEF	R UNIT/DAY 7.18 103.36 .00 382.48 3.68 20.24 3.52 2.48 16.94 69.34 .00 48.75 .00 12.11 .00 .81 13.14 13.14 .00 12.65 111.82	PER ELIG 4.752 .028 .000 .001 .943 .009 .927 .007 .003 .172 .000 .058 .000 .058 .000 .034 .000 .009 .000 .000 .000 .000	S	COST PER USER 305.66 448.09 .00 433.48 135.18 109.38 140.23 14.59 70.29 891.10 .00 497.68 .00 27.43 .00 1.36 28.48 28.48 .00 14.23 179.72		COST PER ELIGIBLE 34.14 2.92 .00 .48 3.47 .19 3.27 .02 .05 11.90 .00 2.82 .00 .41 .00 .01 .01 .01 .01 .00 .01 .00 .00 .74
PLACER COUNTY 27,040 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES	USERS 3,020 176 0 30 695 47 630 32 20 361 0 153 0 400 0 148 6 6 0 8 112 78	UNITS OF SERVICE OR DAYS OF CARE 128,481 763 0 34 25,512 254 25,070 188 83 4,639 0 1,562 0 906 0 248 13 13 0 9 180 2,331]	923,081.13 78,864.61 .00 13,004.46 93,950.80 5,140.87 88,343.00 466.93 1,405.71 321,688.54 .00 76,145.67 .00 10,972.70 .00 201.96 170.87 170.87 .00 113.84 20,128.25 264,496.97	PEF	R UNIT/DAY 7.18 103.36 .00 382.48 3.68 20.24 3.52 2.48 16.94 69.34 .00 48.75 .00 12.11 .00 .81 13.14 13.14 .00 12.65 111.82 113.47	PER ELIG 4.752 .028 .000 .001 .943 .009 .927 .007 .003 .172 .000 .058 .000 .034 .000 .009 .000 .000 .000	S	COST PER USER 305.66 448.09 .00 433.48 135.18 109.38 140.23 14.59 70.29 891.10 .00 497.68 .00 27.43 .00 1.36 28.48 28.48 .00 14.23 179.72 3390.99		COST PER ELIGIBLE 34.14 2.92 .00 .48 3.47 .19 3.27 .02 .05 11.90 .00 2.82 .00 .41 .00 .01 .01 .01 .01 .00 .01 .01 .00 .74 9.78
PLACER COUNTY 27,040 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	USERS 3,020 176 0 30 695 47 630 32 20 361 0 153 0 400 0 148 6 6 0 8 112	UNITS OF SERVICE OR DAYS OF CARE 128,481 763 0 34 25,512 254 25,070 188 83 4,639 0 1,562 0 906 0 248 13 13 0 9 180]	923,081.13 78,864.61 .00 13,004.46 93,950.80 5,140.87 88,343.00 466.93 1,405.71 321,688.54 .00 76,145.67 .00 10,972.70 .00 201.96 170.87 170.87 .00 113.84 20,128.25	PEF	R UNIT/DAY 7.18 103.36 .00 382.48 3.68 20.24 3.52 2.48 16.94 69.34 .00 48.75 .00 12.11 .00 .81 13.14 13.14 .00 12.65 111.82	PER ELIG 4.752 .028 .000 .001 .943 .009 .927 .007 .003 .172 .000 .058 .000 .058 .000 .034 .000 .009 .000 .000 .000 .000	S	COST PER USER 305.66 448.09 .00 433.48 135.18 109.38 140.23 14.59 70.29 891.10 .00 497.68 .00 27.43 .00 1.36 28.48 28.48 .00 14.23 179.72		COST PER ELIGIBLE 34.14 2.92 .00 .48 3.47 .19 3.27 .02 .05 11.90 .00 2.82 .00 .41 .00 .01 .01 .01 .01 .00 .01 .01 .00 .00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,067	92,201	41,936.75	.45	3.410	39.30	1.55
@CALIF. CHILDREN SERVICES*	2	2	\$ 50.00	\$ 25.00	.000	\$ 25.00	\$.00
@XOVER EXCLUDING STATE HOSP**	5,380	51,256	\$ 777,265.81	\$ 15.16	1.896	\$ 144.47	\$ 28.75

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,821 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

PLACER COUNTY SUMMARY OF SERVICES FOR ALL BLIND ----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 1.375 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1,072 @TOTAL, ALL PROVIDERS 89,924 \$ 1,065,651.16 11.85 65.399 \$ 994.08 \$ 775.02 311 737 17.66 @PHYSICIANS SERVICES 24,284.14 32.95 .536 \$ 78.08 \$ 98 50.49 OUTPATIENT VISITS 136 4,948,48 36.39 .099 3.60 78 OFFICE VISITS 104 3,405.33 32.74 .076 43.66 2.48 3 3 HOME VISITS 124.04 41.35 .002 41.35 .09 15 78.99 EMERGENCY ROOM 20 1,184.78 59.24 .015 PREVENTIVE CARE 0 0 .00 .00 .000 .00 .00 .00 .00 .00 .000 OB VISITS/COMPRE PERI .00 OTHER OUTPATIENT 9 9 234.33 26.04 .007 26.04 .17 49 34.72 .036 85.07 INPATIENT VISITS 1,701.35 26 1,065.80 40.99 .019 266.45 HOSPITAL VISITS .78 0 .00 CRITICAL CARE .00 .00 .000 .00 SNF/ICF/TRANS IP CARE 635.55 27.63 .017 35.31 .46 21 OPHTHALMOLOGICAL SERVICES 863.61 41.12 .015 50.80 .63 17 21 41.12 50.80 EXAMINATIONS 863.61 .015 .63 0 Ο .00 .00 .00 SERVICES AND MATERIALS .000 .00 INPATIENT HOSPITAL SURGERY 75.58 75.58 .001 75.58 .05 75.58 75.58 75.58 PRINCIPAL SURGEON .001 .05 .00 .00 .000 .00 ASSISTANT SURGEON .00 ANESTHESIOLOGIST 0 .00 .00 .000 .00 15 26 195.78 339.35 OUTPATIENT SURGERY 5,090.31 .019 3.70 13 16 4,646.49 290.41 .012 357.42 3.38 PRINCIPAL SURGEON 0 0 .00 .00 .00 .000 .00 ASSISTANT SURGEON 10 ANESTHESIOLOGIST 443.82 44.38 .007 110.96 450.08 225.04 450.08 .001 DIALYSIS PATHOLOGY 45.58 5.70 .006 7.60 .03 61 RADIOLOGY 3,835.06 62.87 .044 91.31 2.79 0 .00 .000 .00 .00 .00 IMMUNIZATION AND INJECTION 10 233.25 23.33 .007 33.32 .17 157 OTHER SERVICES/ALL X-OVERS 423 7,040.84 16.65 .308 44.85 5.12 @PHARMACY 897 41,547 373,907.84 9.00 30.216 \$ 416.84 \$ 271.93 871 3,732 349,145.13 93.55 2.714 400.86 PRESCRIPTION DRUGS 253.92 99 683 52,285.03 76.55 .497 528.13 38.03 SNF/ICF 778 3,049 97.36 2.217 381.57 OUTPATIENTS 296,860.10 215.90 192 37,815 24,762.71 27.502 128.97 MEDICAL SUPPLIES .65 18.01 @DENTIST 61 266 10,088.75 37.93 .193 \$ 165.39 \$ 7.34 139 12.42 .101 47.94 1,725.75 VISITS - DIAGNOSTIC 9 26 937.00 36.04 .019 104.11 ORAL SURGERY .68 Ω 0 .00 .00 0.0 DRUGS .000 .00 ANESTHESIA .00 .00 .000 . 00 .00

PERIODONTICS	3	4	354.00	88.50	.003	118.00	.26	5
ENDODONTICS	4	7	1,165.00	166.43	.005	291.25	.85	5
RESTORATIVE DENTISTRY	20	41	3,382.00	82.49	.030	169.10	2.46	5
PROSTHETICS	2	2	.00	.00	.001	.00	.00)
DENTURES, STAYPLATES	5	47	2,525.00	53.72	.034	505.00	1.84	1
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00)
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00)
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00)
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00)
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00)
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT I	REPORT FOR JAN	2004 THRU D	EC 2004	PAGE 9,8	322
MOP024	FEE-FOR-SERVICE/I	ENTAL					03/14/	05
PLACER COUNTY	SUMMARY OF SERVIC	CES FOR ALL BLIND						
					MOI	NTHLY AVERA	GE	-
1,375 ELIGIBLES	USERS (NITS OF SERVICE	EXPENDITURES	AVERAGE COST	r units/days	COST PER	COST PER	3
		OR DAYS OF CARE		PER UNIT/DAY	Y PER ELIG	USER	ELIGIBLE	<u>L</u>
A O DITIONETING TOTAL	2.0	(()	1 752 76	¢ 72 02	0.40	ė 160 70	¢ 2/4	2

							HLY AVERA	
1,375 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		ERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PΕ	R UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	28	66	\$ 4,753.76	\$	72.03	.048	\$ 169.78	\$ 3.46
DIAGNOSTIC AND ANC. PROCED	10	10	537.61		53.76	.007	53.76	.39
EYE APPLIANCES	18	52	4,072.21		78.31	.038	226.23	2.96
OTHER OPTOMETRIC SERVICES	5	4	143.94		35.99	.003	28.79	.10
@CHIROPRACTOR	2	4	\$ 54.34	\$	13.59	.003	\$ 27.17	\$.04
VISITS	2	4	54.34		13.59	.003	27.17	.04
OTHER SERVICES	0	0	.00		.00	.000	.00	.00
@PODIATRIST	21	22	\$ 280.80	\$	12.76	.016	\$ 13.37	\$.20
MEDICINE/INJECTIONS	0	0	.00		.00	.000	.00	.00
SURGERY/ANES.	0	0	.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00		.00	.000	.00	.00
OTHER	21	22	280.80		12.76	.016	13.37	.20
@HOME HEALTH AGENCY	10	1,419	\$ 42,233.42	\$	29.76	1.032	\$ 4223.34	\$ 30.72
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	119	864	\$ 125,476.64	\$	145.23	.628	\$ 1054.43	\$ 91.26
HOSP INPATIENT TOTAL	18	73	111,503.69		1527.45	.053	6194.65	81.09
HSC HOSPITALS	7	49	58,844.19		1200.90	.036	8406.31	42.80
NON-HSC HOSPITAL TOTAL	2	24	44,639.84		1859.99	.017	22319.92	32.47
ACCOMMODATIONS	2	24	14,326.10		596.92	.017	7163.05	10.42
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00
ALL OTHER ACCOM	2	24	14,326.10		596.92	.017	7163.05	10.42
ANCILLARIES	2	0	30,313.74		.00	.000	15156.87	22.05
INPATIENT CROSSOVERS	9	0	8,019.66		.00	.000	891.07	5.83
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	103	791	13,972.95		17.66	.575	135.66	10.16
MEDICAL	10	13	410.53		31.58	.009	41.05	.30
SURGERY	8	9	508.04		56.45	.007	63.51	.37
PATHOLOGY	33	158	1,604.35		10.15	.115	48.62	1.17
RADIOLOGY	13	17	1,344.64		79.10	.012	103.43	.98
ROOM USE	28	35	1,403.29		40.09	.025	50.12	1.02
CROSSOVERS/ALL OTH OUTPINT	65	559	8,702.10		15.57	.407	133.88	6.33
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000	.00	.00
HSC HOSPITALS	0	0	.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	Ō	0		.00		.00	.000		.00		.00
RADIOLOGY	Ô	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	•	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			RES	MONTH-OF-PAYMENT RI	EPOR			DEC		г	PAGE 9,823
MOP024	FEE-FOR-SERVICE		. СПО .		DI OIC.	1 1010 07110 2	.001 11110		, 2001		03/14/05
PLACER COUNTY		VICES FOR ALL BL	IND								03/11/03
I Brichit Coolvii	DOIMING OF DER	VICES FOR THE DE	LIVD				M	ОМТ	HLY AVERA	GE	
1,375 ELIGIBLES	USERS	UNITS OF SERVICE	7.	EXPENDITURES	ΔM	ERAGE COST			COST PER	ОЦ	COST PER
1,3,3 11101212	ODLING	OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	119	864	\$	125,476.64	Ś		.628		1054.43	Ś	91.26
COMM HOSP INPATIENT TOTAL	18	73	۲	111,503.69	Y	1527.45	.053	٧	6194.65	7	81.09
HSC HOSPITALS	7	49		58,844.19		1200.90	.036		8406.31		42.80
NON-HSC HOSPITALS TOTAL	2	24		44,639.84		1859.99	.017		22319.92		32.47
ACCOMMODATIONS	2	24		14,326.10		596.92	.017		7163.05		10.42
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	24		14,326.10		596.92	.017		7163.05		10.42
ANCILLARIES	2	0		30,313.74		.00	.000		15156.87		22.05
INPATIENT CROSSOVERS	9	0		8,019.66		.00	.000		891.07		5.83
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	103	791					.575				10.16
	103	13		13,972.95		17.66 31.58			135.66		.30
MEDICAL	8	9		410.53 508.04			.009		41.05		
SURGERY	33					56.45	.007		63.51		.37
PATHOLOGY		158		1,604.35		10.15	.115		48.62		1.17
RADIOLOGY	13 28	17 35		1,344.64		79.10	.012		103.43		.98
ROOM USE				1,403.29		40.09	.025		50.12		1.02
CROSSOVERS/ALL OTH OUTPINT	65	559	ć	8,702.10	Ċ	15.57	.407	ć	133.88	_	6.33
@STATE HOSPITAL	•	0	\$.00	\$.00		\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	78	0	ċ	.00 249,349.81	Ċ	.00 120.81	.000	ċ	.00	ċ	.00
@NURSING FACILITY	/ 8 0	2,064	\$	•	\$		1.501	\$		\$	181.35
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	· ·	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED				.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	78	2,064		249,349.81		120.81	1.501		3196.79		181.35
@INTERMEDIATE CARE FACILDD	12	366	\$	69,336.33	\$	189.44	.266	\$	5778.03	Ş	50.43
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	12	366	_	69,336.33	<u> </u>	189.44	.266	_	5778.03	^	50.43
@HEMODIALYSIS TOTAL	49	194	\$	29,437.36	\$	151.74	.141	\$	600.76	Ş	21.41
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	49	194	_	29,437.36	_	151.74	.141	_	600.76		21.41
@REHABILITATION FACILITY	2	2	\$	68.42	\$	34.21	.001	\$	34.21	Ş	.05
HOSPITAL BASED	1	1		47.23		47.23	.001		47.23		.03

INDEPENDENT FACILITY	1	1		21.19		21.19	.001	21.19		.02
@LABORATORY FACILITY	57	233	\$	3,617.05	\$	15.52	.169	\$ 63.46	\$	2.63
PATHOLOGY	57	233		3,617.05		15.52	.169	63.46		2.63
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	124	205	\$	24,599.79	\$	120.00	.149	\$ 198.39	\$	17.89
CLINIC	9	20		985.71		49.29	.015	109.52		.72
SURGICENTER	6	27		1,609.94		59.63	.020	268.32		1.17
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	110	158		22,004.14		139.27	.115	200.04		16.00
#CALIF DEPT OF HEALTH SERV			ES I	MONTH-OF-PAYMENT R	REPOR	r for jan 2	2004 THRU D	EC 2004	P	AGE 9,824
MOP024	FEE-FOR-SERVICE	L/DENTAL								03/14/05
PLACER COUNTY	SUMMARY OF SERV	ICES FOR ALL BLI	ND							
							MC	NTHLY AVERA	GE ·	
1,375 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS			COST PER
		OR DAYS OF CARE				R UNIT/DAY		USER		ELIGIBLE
@ALL OTHER PROVIDERS	234	41 , 935	\$	108,162.71	\$	2.58	30.498		\$	
DURABLE MED. EQUIP.	20	71		12,094.97		170.35	.052	604.75		8.80
BLOOD BANK	0	0		.00		.00	.000			.00
HEARING AID DISPENSERS	2	2		50.00		25.00	.001	25.00		.04
MEDICAL TRANSPORTATION	72	12,402		40,543.85			9.020	563.11		29.49
AMBULANCES/AIR TRANS	16	85		2 , 076.78			.062	129.80		1.51
OTHER TRANS	58	12,310		38,450.63				662.94		27.96
OTHER SERVICES	1	7		16.44		2.35	.005	16.44		.01
ACUPUNCTURE	0	0		.00		.00		.00		.00
ADULT DAY HEALTH CARE CTR	19	269		18,630.07		69.26	.196	980.53		13.55
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	6	22		3,134.60		142.48	.016	522.43		2.28
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	16	40		755.46		18.89	.029	47.22		.55
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	7	12		111.97		9.33	.009	16.00		.08
PROSTHETIST/ORTHOTISTS	4	21		3,130.71		149.08	.015	782.68		2.28

PROSTHETICS	4	21	3,130.71	149.0	.015	782.68	2.28
ORTHOTICS	0	0	.00	.0	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.0	.000	.00	.00
SPEECH AND AUDIOLOGY	20	74	2,940.66	39.7	.054	147.03	2.14
HOSPICE SERVICES	0	0	.00	.0	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.0	.000	.00	.00
LOCAL EDUCATION AGENCIES	50	4,216	15,175.12	3.6	3.066	303.50	11.04
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.0	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.0	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.0	.000	.00	.00
ALL OTHER PROVIDERS	62	24,806	11,595.30	. 4	18.041	187.02	8.43
@CALIF. CHILDREN SERVICES*	33	4,600	\$ 45,350.24	\$ 9.8	3.345	\$ 1374.25	\$ 32.98
@XOVER EXCLUDING STATE HOSP**	233	1,668	\$ 62,533.28	\$ 37.4	1.213	\$ 268.38	\$ 45.48

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,825

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL PLACER COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

PLACER COUNTY	SUMMARY OF SER	VICES FOR ALL DISABLED)				~=
					MON'		
57,027 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	45 , 968	1,275,615 \$	37,603,390.40	\$ 29.48	22.369 \$		
@PHYSICIANS SERVICES	13,310	44,758 \$		\$ 38.97	.785 \$		•
OUTPATIENT VISITS	6 , 976	10,300	386,186.95	37.49	.181	55.36	6.77
OFFICE VISITS	5,040	7,049	220 , 995.49	31.35	.124	43.85	3.88
HOME VISITS	110	118	4,276.40	36.24	.002	38.88	.07
EMERGENCY ROOM	1,702	2,146	133,626.64	62.27	.038	78.51	2.34
PREVENTIVE CARE	2	2	98.68	49.34	.000	49.34	.00
OB VISITS/COMPRE PERI	30	56	3,496.83	62.44	.001	116.56	.06
OTHER OUTPATIENT	776	929	23,692.91	25.50	.016	30.53	.42
INPATIENT VISITS	861	3 , 585	168,393.63	46.97	.063	195.58	2.95
HOSPITAL VISITS	692	3 , 139	135,087.79	43.04	.055	195.21	2.37
CRITICAL CARE	50	188	24,678.64	131.27	.003	493.57	.43
SNF/ICF/TRANS IP CARE	176	258	8,627.20	33.44	.005	49.02	.15
OPHTHALMOLOGICAL SERVICES	174	223	8,590.97	38.52	.004	49.37	.15
EXAMINATIONS	172	220	8,500.39	38.64	.004	49.42	.15
SERVICES AND MATERIALS	3	3	90.58	30.19	.000	30.19	.00
INPATIENT HOSPITAL SURGERY	357	2,246	214,276.55	95.40	.039	600.21	3.76
PRINCIPAL SURGEON	256	401	164,029.63	409.05	.007	640.74	2.88
ASSISTANT SURGEON	36	35	8,204.80	234.42	.001	227.91	.14
ANESTHESIOLOGIST	145	1,810	42,042.12	23.23	.032	289.95	.74
OUTPATIENT SURGERY	961	2,182	191,484.23	87.76	.038	199.26	3.36
PRINCIPAL SURGEON	812	1,050	158,990.47	151.42	.018	195.80	2.79
ASSISTANT SURGEON	13	14	1,688.23	120.59	.000	129.86	.03
ANESTHESIOLOGIST	212	1,118	30,805.53	27.55	.020	145.31	.54
DIALYSIS	80	288	23,490.71	81.56	.005	293.63	.41
PATHOLOGY	713	1,314	22,367.37	17.02	.023	31.37	.39
RADIOLOGY	2,873	5,724	344,461.92	60.18	.100	119.90	6.04
PSYCHIATRY	93	106	3,581.22	33.79	.002	38.51	.06
IMMUNIZATION AND INJECTION	402	1,966		33.26	.034	162.68	1.15
OTHER SERVICES/ALL X-OVERS	5 , 602	16,824	316,115.14	18.79	.295	56.43	5.54
@PHARMACY	37,448	672,486 \$	18,288,669.87	\$ 27.20	11.792 \$	488.38	\$ 320.70
PRESCRIPTION DRUGS	36,924			100.12	2.965	458.53	296.89
SNF/ICF	1,775	14,577		72.02	.256	591.44	18.41
OUTPATIENTS	35,401	154,520		102.77		448.60	278.48
	•	•	•				

MEDICAL SUPPLIES	3,338	503,389	1,358,087.25	2.70	8.827	406.86	23.81
@DENTIST	3,022		494,573.58		.225 \$	163.66	\$ 8.67
VISITS - DIAGNOSTIC	2,029	8,143	110,841.05			54.63	1.94
ORAL SURGERY	516	1,248	62,264.85	49.89	.022	120.67	1.09
DRUGS	22	22	425.00	19.32	.000	19.32	.01
ANESTHESIA	4	4	300.00	75.00	.000	75.00	.01
PERIODONTICS	137	163	16,754.00	102.79	.003	122.29	.29
ENDODONTICS	215	302	71,612.50	237.13	.005	333.08	1.26
RESTORATIVE DENTISTRY	855	1,982	131,928.60		.035	154.30	2.31
PROSTHETICS	34	36	1,010.00	28.06	.001	29.71	.02
DENTURES, STAYPLATES	304	857	98,360.50	114.77	.015	323.55	1.72
SPACE MAINTAINERS	1	1	120.00		.000		.00
MAXILLOFACIAL SERVICES	1	1	112.08	112.08	.000	112.08	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	17	17	770.00	45.29	.000	45.29	.01
ALL OTHER SERVICES	80	79	75.00	.95	.001	.94	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MON	TH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU DE	C 2004	PAGE 9,826
MOP024	FEE-FOR-SERVIC	E/DENTAL					03/14/05
PLACER COUNTY	SUMMARY OF SER	VICES FOR ALL DISABLED					
					MON	THLY AVERA	GE
57,027 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	1,196	3 , 267 \$	68 , 283.02				
DIAGNOSTIC AND ANC. PROCED	508	528	21,874.48				.38
EYE APPLIANCES	874	2,495	40,389.73				.71
OTHER OPTOMETRIC SERVICES	153	244	6,018.81				.11
@CHIROPRACTOR	183	322 \$	5,324.23				
VISITS	176	313	5,208.28			29.59	.09
OTHER SERVICES	7	9	115.95	12.88	.000	16.56	.00
A DODI A TOTO	523	006 6	1/ 0/0 27	¢ 1671	016 ¢	27 70	¢ 26

		OR DAYS OF CAR	E		PE	R UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	1,196	3,267	\$	68,283.02	\$	20.90	.057	\$ 57.09	\$ 1.20
DIAGNOSTIC AND ANC. PROCED	508	528		21,874.48		41.43	.009	43.06	.38
EYE APPLIANCES	874	2,495		40,389.73		16.19	.044	46.21	.71
OTHER OPTOMETRIC SERVICES	153	244		6,018.81		24.67	.004	39.34	.11
@CHIROPRACTOR	183	322	\$	5,324.23	\$	16.53	.006	\$ 29.09	\$.09
VISITS	176	313		5,208.28		16.64	.005	29.59	.09
OTHER SERVICES	7	9		115.95		12.88	.000	16.56	.00
@PODIATRIST	533	886	\$	14,808.37	\$	16.71	.016	\$ 27.78	\$.26
MEDICINE/INJECTIONS	148	166		5,225.92		31.48	.003	35.31	.09
SURGERY/ANES.	11	15		2,277.22		151.81	.000	207.02	.04
RADIO./PATHOLOGY	3	4		70.92		17.73	.000	23.64	.00
OTHER	382	701		7,234.31		10.32	.012	18.94	.13
@HOME HEALTH AGENCY	298	25 , 038	\$	800,566.96	\$	31.97	.439	\$ 2686.47	\$ 14.04
NURSE ANESTHESIST	9	122	\$	358.01	\$	2.93	.002	\$ 39.78	\$.01
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	48	129	\$	3,053.29		23.67	.002	\$ 63.61	.05
@TOTAL HOSPITAL	6 , 628	46 , 516	\$		\$	123.48	.816	\$	\$ 100.72
HOSP INPATIENT TOTAL	729	3,148		4,678,852.52		1486.29	.055	6418.18	82.05
HSC HOSPITALS	351	2,169		2,813,713.73		1297.24	.038	8016.28	49.34
NON-HSC HOSPITAL TOTAL	174	979		1,619,059.59		1653.79	.017	9304.94	28.39
ACCOMMODATIONS	174	979		552 , 576.84		564.43	.017	3175.73	9.69
ADMINISTRATIVE DAYS	3	24		5,493.24		228.89	.000	1831.08	.10
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	171	955		547,083.60		572.86	.017	3199.32	9.59
ANCILLARIES	174	0		1,066,482.75		.00	.000	6129.21	18.70
INPATIENT CROSSOVERS	222	0		246,079.20		.00	.000	1108.46	4.32
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6 , 129	43 , 368		1,064,791.44		24.55	.760	173.73	18.67
MEDICAL	1,084	1,766		75,830.01		42.94	.031	69.95	1.33
SURGERY	474	546		21,744.52		39.83	.010	45.87	.38
PATHOLOGY	2,251	13,250		130,889.08		9.88	.232	58.15	2.30
RADIOLOGY	1,333	2,095		182,829.57		87.27	.037	137.16	3.21
ROOM USE	2,845	4,165		153,562.38		36.87	.073	53.98	2.69

CROSSOVERS/ALL OTH OUTPTNT	3 , 280	21 , 546	499 , 935.88	23.20	.378	152.42	8.77	
@COUNTY HOSPITAL TOTAL	37	194	\$ 66,554.85	\$ 343.07	.003	\$ 1798.78	\$ 1.17	
CO HOSPITAL INPATIENT TOTAL	5	86	63,425.56	737.51	.002	12685.11	1.11	
HSC HOSPITALS	1	6	8,112.00	1352.00	.000	8112.00	.14	
NON-HSC HOSPITALS TOTAL	Δ	80	55,313.56	691.42	.001	13828.39	.97	
	4	80	•	231.30	.001	4626.00	.32	
ACCOMMODATIONS	4	00	18,504.00					
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	4	80	18,504.00	231.30	.001	4626.00	.32	
ANCILLARIES	4	0	36,809.56	.00	.000	9202.39	.65	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	32	108	3,129.29	28.97	.002	97.79	.05	
MEDICAL	17	27	925.69	34.28	.000	54.45	.02	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	8	38	516.50	13.59	.001	64.56	.01	
RADIOLOGY	1	1	138.67	138.67	.000	138.67	.00	
ROOM USE	19	28	987.79	35.28	.000	51.99	.02	
CROSSOVERS/ALL OTH OUTPINT	8	14	560.64	40.05	.000	70.08	.01	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU	DEC 2004	PAGE 9,827	7
MOP024	FEE-FOR-SERVICE/DENTA	ΑL					03/14/05	5
PLACER COUNTY	SUMMARY OF SERVICES I		BLED					
1 11011 0001111		. 01. 1111 11011			M	ONTHLY AVERAG	`F	
					· Ivi	ONITEL AVERA		

					 			-	
57,027 ELIGIBLES USE	IRS	UNITS OF SERVICE		EXPENDITURES			S COST PER		COST PER
		OR DAYS OF CARE			R UNIT/DAY				ELIGIBLE
@COMMUNITY HOSPITAL TOTAL 6,5		46,322	\$	5,677,089.11	\$.812	•	\$	99.55
	24	3,062		4,615,426.96	1507.32	.054	6374.90		80.93
	350	2,163		2,805,601.73	1297.09	.038	8016.00		49.20
NON-HSC HOSPITALS TOTAL 1	.70	899		1,563,746.03	1739.43	.016	9198.51		27.42
ACCOMMODATIONS 1	.70	899		534,072.84	594.07	.016	3141.60		9.37
ADMINISTRATIVE DAYS	3	24		5,493.24	228.89	.000	1831.08		.10
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM 1	.67	875		528,579.60	604.09	.015	3165.15		9.27
ANCILLARIES 1	.70	0		1,029,673.19	.00	.000	6056.90		18.06
INPATIENT CROSSOVERS 2	22	0		246,079.20	.00	.000	1108.46		4.32
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL 6,0	199	43,260		1,061,662.15	24.54	.759	174.07		18.62
MEDICAL 1,0	67	1,739		74,904.32	43.07	.030	70.20		1.31
SURGERY	74	546		21,744.52	39.83	.010	45.87		.38
PATHOLOGY 2,2	243	13,212		130,372.58	9.87	.232	58.12		2.29
RADIOLOGY 1,3	32	2,094		182,690.90	87.24	.037	137.16		3.20
ROOM USE 2,8		4,137		152,574.59	36.88	.073	53.97		2.68
CROSSOVERS/ALL OTH OUTPTNT 3,2	72	21,532		499,375.24	23.19	.378	152.62		8.76
@STATE HOSPITAL	12	366	\$	191,328.28	\$ 522.75	.006	\$ 15944.02	\$	3.36
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	12	366		191,328.28	522.75	.006	15944.02		3.36
@NURSING FACILITY 9	64	29,819	\$	3,674,218.58	\$ 123.22	.523	\$ 3811.43	\$	64.43
LEV A-INTERMEDIATE	3	66		4,458.79	67.56	.001	1486.26		.08
LEV B-REHAB MD	7	292		25,177.20	86.22	.005	3596.74		.44
LEV B-SUBACUTE FREESTANDING	2	39		14,286.48	366.32	.001	7143.24		.25
LEV B-SUBACUTE HSPTL BASED	11	455		245,873.35	540.38	.008	22352.12		4.31
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	43	28,967		3,384,422.76	116.84	.508	3589.00		59.35
	156	13,889	\$	2,561,020.16	\$.244		\$	
	49	4,525	•	715,024.26	158.02	.079	4798.82		12.54
ICF DD		. 0		.00		.000	.00		.00

ICF DDN/DDCN	307	9,364		1,845,995.90	1	197.14	.164		6013.02		32.37
@HEMODIALYSIS TOTAL	329	7,722	\$	379,323.49	\$	49.12	.135	\$	1152.96	\$	6.65
HOSPITAL BASED	0	0		.00)	.00	.000		.00		.00
HEMODIALYSIS CENTER	329	7,722		379,323.49)	49.12	.135		1152.96		6.65
@REHABILITATION FACILITY	56	384	\$	9,033.58	\$	23.52	.007	\$	161.31	\$.16
HOSPITAL BASED	40	197		6,088.96		30.91	.003		152.22		.11
INDEPENDENT FACILITY	16	187		2,944.62	!	15.75	.003		184.04		.05
@LABORATORY FACILITY	2 , 557	10,202	\$	118,213.48	\$	11.59	.179	\$	46.23	\$	2.07
PATHOLOGY	2,507	10,060		117,550.39)	11.68	.176		46.89		2.06
XO AND OTHERS	50	142		663.09)	4.67	.002		13.26		.01
@ORGANIZED OUTPATIENT CLINIC	5 , 222	8 , 753	\$	1,208,337.56	\$	138.05	.153	\$	231.39	\$	21.19
CLINIC	322	709		19,282.48	}	27.20	.012		59.88		.34
SURGICENTER	138	530		26,033.91		49.12	.009		188.65		.46
HEROIN DETOX CLINIC	6	81		1,003.18	}	12.38	.001		167.20		.02
RURAL HEALTH CLINIC	4,786	7,433		1,162,017.99)	156.33	.130		242.80		20.38
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	RES	MONTH-OF-PAYMENT	REPORT	r for jan	2004 THRU	DEC	2004	P.	AGE 9,828
MOP024	FEE-FOR-SERVICE/DE	NTAL									03/14/05
PLACER COUNTY	SUMMARY OF SERVICES	S FOR ALL DIS	SABL	ÆD							

----- MONTHLY AVERAGE -----57,027 ELIGIBLES USERS AVERAGE COST UNITS/DAYS COST PER UNITS OF SERVICE COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 7,549 398,101 2,298,287.88 5.77 6.981 \$ 304.45 \$ 40.30 DURABLE MED. EQUIP. 655 2,721 353,574.13 129.94 .048 539.81 .00 0 .00 .000 BLOOD BANK .00 .00 HEARING AID DISPENSERS 29 34 6,988.26 205.54 .001 240.97 .12 66,025 232.15 MEDICAL TRANSPORTATION 1,262 292,977.36 4.44 1.158 5.14 711 5,821 107,607.86 18.49 151.35 AMBULANCES/AIR TRANS .102 2.87 552 172,217.73 1.052 311.99 3.02 OTHER TRANS 60,002 55 202 OTHER SERVICES 13,151.77 65.11 .004 239.12 .23 18 ACUPUNCTURE 42 778.53 18.54 .001 43.25 .01 623 719,156.90 ADULT DAY HEALTH CARE CTR 10,366 69.38 .182 1154.34 12.61 GENETIC DISEASE TESTING 630.00 105.00 .000 105.00 IHMC, MODEL-NF, NF, AIDS, MSSP 142 4,024 39.29 1113.26 158,083.52 .071 2.77 23 OCCUPATIONAL THERAPIST 385 1,967.96 5.11 .007 85.56 .03 941 2,078 23.50 10.64 .036 OPTICIAN 22,111.85 PHYSICAL THERAPIST 6 42 558.35 13.29 .001 93.06 .01 52 PORTABLE X-RAY 92 967.68 10.52 .002 18.61 .02 84 233 29,684.87 127.40 353.39 PROSTHETIST/ORTHOTISTS .004 84 127.40 353.39 233 29,684.87 .004 .52 PROSTHETICS .00 ORTHOTICS 0 0 .00 .00 .000 .00 27 38 813.91 21.42 PSYCHOLOGIST .001 30.14 1,201 5,141 216,048.96 42.02 .090 179.89 SPEECH AND AUDIOLOGY 3.79 HOSPICE SERVICES 787 98,895.51 125.66 .014 2104.16 1.73 .00 NONINST BIRTHING CENTERS .000 .00 LOCAL EDUCATION AGENCIES 1,058 49,997 204,324.52 4.09 .877 193.12 3.58 EPSDT SUPPLEMENTAL SERVICE 12 917 26,968.79 29.41 .016 2247.40 .47 0 .00 .00 .000 RESPIRATORY CARE PRACT. 0 0 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 ALL OTHER PROVIDERS 2,055 255,173 163,756.78 .64 4.475 79.69 2.87 @CALIF. CHILDREN SERVICES* 748 39,443 .692 \$ 1,684,126.24 42.70 2251.51 \$ 29.53 6,625 60,847 15.02 1.067 \$ 137.93 \$ @XOVER EXCLUDING STATE HOSP** 913,766.80 16.02

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

I DACEN COONII	DOMMANT OF DEN	VICES FOR ALL PARTITION					
							GE
134,250 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	61 , 531	287 , 602 \$	15,747,319.73	\$ 54.75	2.142 \$	255.92	\$ 117.30
@PHYSICIANS SERVICES	28,283	65 , 281 \$	2,830,727.07	\$ 43.36	.486 \$	100.09	\$ 21.09
OUTPATIENT VISITS	22,769	30 , 373	1,102,955.78	36.31	.226	48.44	8.22
OFFICE VISITS	16,244	20,634	651,100.30	31.55	.154	40.08	4.85
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4,774	5,453	281,400.40	51.60	.041	58.94	2.10
PREVENTIVE CARE	12	12	586.99	48.92	.000	48.92	.00
OB VISITS/COMPRE PERI	948	1 , 579	106,975.38	67.75	.012	112.84	.80
OTHER OUTPATIENT	2 , 477	2 , 695	62 , 892.71	23.34	.020	25.39	.47
INPATIENT VISITS	886	3 , 155	192,964.29	61.16	.024	217.79	1.44
HOSPITAL VISITS	848	2,501	107,350.81	42.92	.019	126.59	.80
CRITICAL CARE	79	652	85 , 539.08	131.19	.005	1082.77	.64
SNF/ICF/TRANS IP CARE	1	2	74.40	37.20	.000	74.40	.00
OPHTHALMOLOGICAL SERVICES	181	233	9,233.49	39.63	.002	51.01	.07
EXAMINATIONS	175	227	9,137.95	40.26	.002	52.22	.07
SERVICES AND MATERIALS	6	6	95.54	15.92	.000	15.92	.00
INPATIENT HOSPITAL SURGERY	947	4,042	531,333.68	131.45	.030	561.07	3.96
PRINCIPAL SURGEON	627	744	427 , 727.98	574.90	.006	682.18	3.19
ASSISTANT SURGEON	141	137	24,326.64	177.57	.001	172.53	.18
ANESTHESIOLOGIST	367	3 , 161	79 , 279.06	25.08	.024	216.02	.59
OUTPATIENT SURGERY	1,970	3 , 977	279 , 858.87	70.37	.030	142.06	2.08
PRINCIPAL SURGEON	1,718	2,241	232,004.31	103.53	.017	135.04	1.73
ASSISTANT SURGEON	23	23	2,381.36	103.54	.000	103.54	.02
ANESTHESIOLOGIST	365	1,713	45,473.20	26.55	.013	124.58	.34
DIALYSIS	1	6	339.60	56.60	.000	339.60	.00
PATHOLOGY	2,468	3 , 356	45,201.58	13.47	.025	18.32	.34
RADIOLOGY	5 , 135	7 , 981	416,573.35	52.20	.059	81.12	3.10
PSYCHIATRY	207	226	7,453.48	32.98	.002	36.01	.06

IMMUNIZATION AND INJECTION	609	1,698	62,247.52	36.66	.013	102.21	.46
OTHER SERVICES/ALL X-OVERS	2,366	10,234	182,565.43	17.84	.076	77.16	1.36
@PHARMACY	29,122	78,817 \$	4,237,321.99	\$ 53.76	.587	\$ 145.50	\$ 31.56
PRESCRIPTION DRUGS	28 , 955	64,440	3,817,697.46	59.24	.480	131.85	28.44
SNF/ICF	58	379	18,455.91	48.70	.003	318.21	.14
OUTPATIENTS	28 , 919	64,061	3,799,241.55	59.31	.477	131.38	28.30
MEDICAL SUPPLIES	740	14,377	419,624.53	29.19	.107	567.06	3.13
@DENTIST	7 , 662	36 , 888 \$	1,154,266.69	\$ 31.29	.275	\$ 150.65	\$ 8.60
VISITS - DIAGNOSTIC	5 , 658	25 , 533	381,565.45	14.94	.190	67.44	2.84
ORAL SURGERY	974	1,849	99,976.40	54.07	.014	102.65	.74
DRUGS	357	382	8,720.00	22.83	.003	24.43	.06
ANESTHESIA	22	23	2,350.00	102.17	.000	106.82	.02
PERIODONTICS	82	82	8,089.20	98.65	.001	98.65	.06
ENDODONTICS	713	1,323	202,232.96	152.86	.010	283.64	1.51
RESTORATIVE DENTISTRY	2 , 536	6 , 827	382,578.51	56.04	.051	150.86	2.85
PROSTHETICS	31	32	938.50	29.33	.000	30.27	.01
DENTURES, STAYPLATES	79	192	26,531.00	138.18	.001	335.84	.20
SPACE MAINTAINERS	72	93	9,898.00	106.43	.001	137.47	.07
MAXILLOFACIAL SERVICES	12	13	6,395.05	491.93	.000	532.92	.05
FRACTURES, DISLOCATIONS	1	1	700.00	700.00	.000	700.00	.01
ORTHODONTIC SERVICES	231	314	22,791.62	72.58	.002	98.67	.17
ALL OTHER SERVICES	226	224	1,500.00	6.70	.002	6.64	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	S MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU D	EC 2004	PAGE 9,830
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05

SUMMARY OF SERVICES FOR ALL FAMILIES

PLACER COUNTY

----- MONTHLY AVERAGE -----134,250 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1,546 .032 \$ 63.45 \$ @OPTOMETRIST 4,323 98,095.66 22.69 .73 1,194 50,933.93 42.66 44.33 DIAGNOSTIC AND ANC. PROCED 1,149 .009 .38 45,903.76 14.88 .023 41.06 EYE APPLIANCES 1,118 3,085 .34 37 28.59 34.00 OTHER OPTOMETRIC SERVICES 44 1,257.97 .000 .01 235 6,081.90 \$ 16.62 25.88 \$ @CHIROPRACTOR 366 .003 \$.05 235 25.88 VISITS 366 6,081.90 16.62 .003 .05 0 .00 .00 OTHER SERVICES 0 .00 .000 .00 @PODIATRIST 139 192 7,183.51 37.41 .001 \$ 51.68 \$.05 125 150 MEDICINE/INJECTIONS 5,769.77 38.47 .001 46.16 .04 6 456.27 76.05 .000 76.05 .00 SURGERY/ANES. 7 RADIO./PATHOLOGY 8 146.24 18.28 .000 20.89 .00 17 28 47.72 OTHER 811.23 28.97 .000 .01 238 14,489.74 \$ 60.88 .002 \$ 188.18 \$ @HOME HEALTH AGENCY 3 123.99 \$ NURSE ANESTHESIST 18 371.98 20.67 .000 \$.00 74 237.01 \$ NURSE MIDWIFE 1,896.08 25.62 .001 \$.01 0 .00 .000 \$.00 \$.00 PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER 33 99 2,575.93 26.02 .001 \$ 78.06 \$.02 11,196 45,220 @TOTAL HOSPITAL 5,511,548.08 121.88 .337 \$ 492.28 \$ 41.05 HOSP INPATIENT TOTAL 842 3,216 4,422,994.01 1375.31 .024 5252.96 593 2,249 1287.16 4881.65 HSC HOSPITALS 2,894,819.41 .017 21.56 NON-HSC HOSPITAL TOTAL 248 967 1,519,557.00 1571.41 .007 6127.25 11.32 248 967 569.74 4.10 ACCOMMODATIONS 550,938.65 .007 2221.53 1 1 173.48 173.48 173.48 ADMINISTRATIVE DAYS .000 .00 0 0 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 247 966 550,765.17 570.15 .007 2229.82 ALL OTHER ACCOM 248 0 .00 ANCILLARIES 968,618.35 .000 3905.72 7.22 8 0 .00 1077.20 INPATIENT CROSSOVERS 8,617.60 .000 .06 ALL OTHER INPATIENT .00 .00 .000 .00 .00

HOSP OUTPATIENT TOTAL	10,704	42,004	1,088,554.07				
MEDICAL	1 , 371	1,999	70,623.54		.015	51.51	.53
SURGERY	1,051	1,194	41,923.05		.009	39.89	.31
PATHOLOGY	3 , 950	16 , 135	176,015.50	10.91	.120	44.56	1.31
RADIOLOGY	2,520	3 , 597	248,445.23	69.07	.027	98.59	1.85
ROOM USE	7,687	9,564	353,492.94	36.96	.071	45.99	2.63
CROSSOVERS/ALL OTH OUTPINT	3 , 586	9,515	198,053.81		.071	55.23	1.48
@COUNTY HOSPITAL TOTAL	21	90 \$	9,676.08	\$ 107.51	.001 \$	460.77	\$.07
CO HOSPITAL INPATIENT TOTAL		5	6,568.02	1313.60	.000	2189.34	.05
HSC HOSPITALS	3	5	6,568.02	1313.60	.000	2189.34	.05
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	U	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	19	85	3,108.06	36.57	.001	163.58	.02
MEDICAL	3	3	124.46	41.49	.000	41.49	.00
SURGERY	6	9	618.45	68.72	.000	103.08	.00
PATHOLOGY	8	28	565.47	20.20	.000	70.68	.00
RADIOLOGY	3	4	121.03	30.26	.000	40.34	.00
ROOM USE	12	20	565.47 121.03 1,050.45	20.20 30.26 52.52	.000	87.54	.01
CROSSOVERS/ALL OTH OUTPINT	10	21	628.20	29.91	.000	62.82	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	NTH-OF-PAYMENT RI	EPORT FOR JAN 2	004 THRU DE	C 2004	PAGE 9,831
MOP024	FEE-FOR-SERVICE	/DENTAL					03/14/05
PLACER COUNTY	SUMMARY OF SERV	ICES FOR ALL FAMILIES					
					MON	THLY AVERA	GE
134,250 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11,179	45,130 \$		\$ 121.91		492.16	\$ 40.98
COMM HOSP INPATIENT TOTAL	840	3,211	4,416,425.99	1375.41	.024	5257.65	32.90
HSC HOSPITALS	591	2,244	2,888,251.39	1287.10	.017		
NON-HSC HOSPITALS TOTAL	248	967	1,519,557.00	1571.41	.007	6127.25	11.32
ACCOMMODATIONS	248	967	550,938.65	569.74	.007	2221.53	4.10
ADMINISTRATIVE DAYS	1	1	173.48	173.48	. 000	173.48	- 0.0

134,250 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAY	S COST PER	COST PER
		OR DAYS OF CARE	Ē		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11,179	45,130	\$	5,501,872.00	\$ 121.91	.336	\$ 492.16	\$ 40.98
COMM HOSP INPATIENT TOTAL	840	3,211		4,416,425.99	1375.41	.024	5257.65	32.90
HSC HOSPITALS	591	2,244		2,888,251.39	1287.10	.017	4887.06	21.51
NON-HSC HOSPITALS TOTAL	248	967		1,519,557.00	1571.41	.007	6127.25	11.32
ACCOMMODATIONS	248	967		550,938.65	569.74	.007	2221.53	4.10
ADMINISTRATIVE DAYS	1	1		173.48	173.48	.000	173.48	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	247	966		550,765.17	570.15	.007	2229.82	4.10
ANCILLARIES	248	0		968,618.35	.00	.000	3905.72	7.22
INPATIENT CROSSOVERS	8	0		8,617.60	.00	.000	1077.20	.06
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	10,688	41,919		1,085,446.01	25.89	.312	101.56	8.09
MEDICAL	1,368	1,996		70,499.08	35.32	.015	51.53	.53
SURGERY	1,045	1,185		41,304.60	34.86	.009	39.53	.31
PATHOLOGY	3,943	16,107		175,450.03	10.89	.120	44.50	1.31
RADIOLOGY	2,518	3 , 593		248,324.20	69.11	.027	98.62	1.85
ROOM USE	7 , 676	9,544		352,442.49	36.93	.071	45.91	2.63
CROSSOVERS/ALL OTH OUTPTNT	3 , 579	9,494		197,425.61	20.79	.071	55.16	1.47
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	12	346	\$	34,910.59	\$ 100.90	.003		.26
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	12	346		34,910.59		100.90	.003		2909.22		.26
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	6	93	\$	7,919.34	\$	85.15	.001	\$	1319.89	\$.06
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	6	93		7,919.34		85.15	.001		1319.89		.06
@REHABILITATION FACILITY	29	70	\$	2,441.87	\$	34.88	.001	\$	84.20	\$.02
HOSPITAL BASED	29	70		2,441.87		34.88	.001		84.20		.02
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4,921	14,749	\$	207,875.37	\$	14.09	.110	\$	42.24	\$	1.55
PATHOLOGY	4,918	14,746		207,800.62		14.09	.110		42.25		1.55
XO AND OTHERS	3	3		74.75		24.92	.000		24.92		.00
@ORGANIZED OUTPATIENT CLINIC	5 , 592	10,933	\$	1,291,690.06	\$	118.15	.081	\$	230.99	\$	9.62
CLINIC	1,445	4,283		123,884.63		28.92	.032		85.73		.92
SURGICENTER	132	714		24,384.51		34.15	.005		184.73		.18
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	4,093	5,936		1,143,420.92		192.62	.044		279.36		8.52
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	URES M	IONTH-OF-PAYMENT I	REPORT	FOR JAN 2	004 THRU	DEC	2004	Ρź	AGE 9,832
MOP024	FEE-FOR-SERVICE/DENTAL	_									03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FO	OR ALL F	AMILIE	IS							

PLACER COUNTI	SUMMARI OF SER	VICES FOR ALL FAMILIES					
					MO	NTHLY AVERA	GE
134,250 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	3 , 942	29 , 895 \$	337 , 923.87	\$ 11.30	.223	\$ 85.72	\$ 2.52
DURABLE MED. EQUIP.	300	903	41,137.28	45.56	.007	137.12	.31
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	573	10,678	115,215.90	10.79	.080	201.07	.86
AMBULANCES/AIR TRANS	558	4,727	74,934.61	15.85	.035	134.29	.56
OTHER TRANS	15	5 , 931	15,022.01	2.53	.044	1001.47	.11
OTHER SERVICES	20	20	25,259.28	1262.96	.000	1262.96	.19
ACUPUNCTURE	6	14	274.37	19.60	.000	45.73	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	170	170	17,850.00	105.00	.001	105.00	.13
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	1	6	124.19	20.70	.000	124.19	.00
OPTICIAN	1,078	2,278	20,581.74	9.04	.017	19.09	.15
PHYSICAL THERAPIST	8	46	737.91	16.04	.000	92.24	.01
PORTABLE X-RAY	1	2	.14	.07	.000	.14	.00
PROSTHETIST/ORTHOTISTS	62	95	11,308.29	119.03	.001	182.39	.08
PROSTHETICS	62	95	11,308.29	119.03	.001	182.39	.08
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	8	44	2,421.61	55.04	.000	302.70	.02
SPEECH AND AUDIOLOGY	110	252	14,827.56	58.84	.002	134.80	.11
HOSPICE SERVICES	7	145	19,728.22	136.06	.001	2818.32	.15
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,514	7,291	67 , 277.78	9.23	.054	44.44	.50
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	193	7 , 971	26,438.88	3.32	.059	136.99	.20
@CALIF. CHILDREN SERVICES*	555	10,117 \$	1,346,850.21	\$ 133.13	.075	\$ 2426.76	\$ 10.03

@XOVER EXCLUDING STATE HOSP** 186 1,021 \$ 32,030.47 \$ 31.37 .008 \$ 172.21 \$.24

PAGE 9,833

03/14/05

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

PLACER COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

PLACER COUNTY	SUMMARI OF SER	ICES FOR ALL MEDICALI	II INDIGENI		MONT	,	~ E
11,624 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
11,024 ELIGIBLES	USEKS	OR DAYS OF CARE	EXPENDITURES	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	5,278	46,467 \$	1,783,777.64		3.998 \$	337.96	
-	2,104	5,341 \$	289,556.19	\$ 38.39 \$ 54.21	.459 \$	137.62	
@PHYSICIANS SERVICES	1,590	2,162	89,887.10	41.58	.186	56.53	7.73
OUTPATIENT VISITS				33.50	.107	42.30	3.59
OFFICE VISITS	986	1,245	41,707.39				
HOME VISITS	11	11 461	402.27	36.57	.001	36.57	.03
EMERGENCY ROOM	400		24,857.49	53.92	.040	62.14	2.14
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	162	282	18,391.80	65.22	.024	113.53	1.58
OTHER OUTPATIENT	147	163	4,528.15	27.78	.014	30.80	.39
INPATIENT VISITS	142	549	36,882.65	67.18	.047	259.74	3.17
HOSPITAL VISITS	136	450	22,708.66	50.46	.039	166.98	1.95
CRITICAL CARE	14	90	13,907.09	154.52	.008	993.36	1.20
SNF/ICF/TRANS IP CARE	5	9	266.90	29.66	.001	53.38	.02
OPHTHALMOLOGICAL SERVICES	9	9	345.42	38.38	.001	38.38	.03
EXAMINATIONS	9	9	345.42	38.38	.001	38.38	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	124	666	75,049.84	112.69	.057	605.24	6.46
PRINCIPAL SURGEON	76	92	58 , 081.87	631.32	.008	764.24	5.00
ASSISTANT SURGEON	16	16	3,009.51	188.09	.001	188.09	.26
ANESTHESIOLOGIST	59	558	13,958.46	25.02	.048	236.58	1.20
OUTPATIENT SURGERY	166	365	24,627.72	67.47	.031	148.36	2.12
PRINCIPAL SURGEON	149	188	20,436.75	108.71	.016	137.16	1.76
ASSISTANT SURGEON	2	2	337.68	168.84	.000	168.84	.03
ANESTHESIOLOGIST	40	175	3,853.29	22.02	.015	96.33	.33
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	166	295	5,906.97	20.02	.025	35.58	.51
RADIOLOGY	473	795	40,758.92	51.27	.068	86.17	3.51
PSYCHIATRY	10	10	399.21	39.92	.001	39.92	.03
IMMUNIZATION AND INJECTION	48	124	1,992.69	16.07	.011	41.51	.17
OTHER SERVICES/ALL X-OVERS	160	366	13,705.67	37.45	.031	85.66	1.18
@PHARMACY	2,207	15,117 \$	364,294.82	\$ 24.10	1.300 \$	165.06	
PRESCRIPTION DRUGS	2,183	4,676	348,461.38	74.52	.402	159.63	29.98
SNF/ICF	22	230	12,269.91	53.35	.020	557.72	1.06
OUTPATIENTS	2,161	4,446	336,191.47	75.62	.382	155.57	28.92
MEDICAL SUPPLIES	80	10,441	15,833.44	1.52	.898	197.92	1.36
@DENTIST	537	3,018 \$	86,332.03	\$ 28.61	.260 \$		
VISITS - DIAGNOSTIC	425	2,189	34,849.50	15.92	.188	82.00	3.00
ORAL SURGERY	49	106	7,447.00	70.25	.009	151.98	.64
DRUGS	20	23	400.00	17.39	.002	20.00	.03
ANESTHESIA	0	0	.00	.00	.002	.00	.00
PERIODONTICS	2	2	236.00	118.00	.000	118.00	.02
ENDODONTICS ENDODONTICS	37	79	11,150.48	141.15	.007	301.36	.02
	168	559		51.05			2.46
RESTORATIVE DENTISTRY	108	559	28,539.05		.048	169.88	
PROSTHETICS	3	3	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3		250.00	83.33	.000	83.33	.02
SPACE MAINTAINERS	5	7	360.00	51.43	.001	72.00	.03

MAXILLOFACIAL SERVICES	1	1	50.00	50.00	.000	50.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	19	30	2,900.00	96.67	.003	152.63	.25
ALL OTHER SERVICES	21	19	150.00	7.89	.002	7.14	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2004 THRU	DEC 2004	PAGE 9,834
MOP024	FEE-FOR-SERVICE/DEN	NTAL					03/14/05
PLACER COUNTY	SUMMARY OF SERVICES	S FOR ALL MEDICA	ALLY INDIGENT				

							M	TNC	HLY AVERA	GE	
11,624 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	E		PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	123	332	\$	7,827.86	\$	23.58	.029	\$	63.64	\$.67
DIAGNOSTIC AND ANC. PROCED	104	107		4,583.76		42.84	.009		44.07		.39
EYE APPLIANCES	80	224		3,206.60		14.32	.019		40.08		.28
OTHER OPTOMETRIC SERVICES	1	1		37.50		37.50	.000		37.50		.00
@CHIROPRACTOR	20	30	\$	501.60	\$	16.72	.003	\$	25.08	\$.04
VISITS	20	30		501.60		16.72	.003		25.08		.04
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	9	15	\$	543.82	\$	36.25	.001	\$	60.42	\$.05
MEDICINE/INJECTIONS	9	11		389.28		35.39	.001		43.25		.03
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	1	2		34.60		17.30	.000		34.60		.00
OTHER	1	2		119.94		59.97	.000		119.94		.01
@HOME HEALTH AGENCY	21	1,532	\$	50,152.11	\$	32.74	.132	\$	2388.20	\$	4.31
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	3	20	\$	1,729.60	\$	86.48	.002	\$	576.53	\$.15
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	7	12	\$	270.01	\$	22.50	.001	\$	38.57	\$.02
@TOTAL HOSPITAL	995	5 , 149	\$	755,024.23	\$	146.64	.443	\$	758.82	\$	64.95
HOSP INPATIENT TOTAL	109	521		646,029.21		1239.98	.045		5926.87		55.58
HSC HOSPITALS	86	406		514,774.44		1267.92	.035		5985.75		44.29
NON-HSC HOSPITAL TOTAL	23	115		131,254.77		1141.35	.010		5706.73		11.29
ACCOMMODATIONS	23	115		61,038.12		530.77	.010		2653.83		5.25

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	23	115	61,038.12	530.77	.010	2653.83	5.25
ANCILLARIES	23	0	70,216.65	.00	.000	3052.90	6.04
		0	•	.00			
INPATIENT CROSSOVERS	U	-	.00		.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	931		108,995.02	23.55	.398	117.07	9.38
MEDICAL	142	193	7 , 653.68	39.66	.017	53.90	.66
SURGERY	89	114	3,296.96	28.92	.010	37.04	.28
PATHOLOGY	400	1,855	21,566.85	11.63	.160	53.92	1.86
RADIOLOGY	220	330	25,980.11	78.73	.028	118.09	2.24
ROOM USE	659	866	31,476.06	36.35	.075	47.76	2.71
CROSSOVERS/ALL OTH OUTPTNT		1,270	19,021.36	14.98	.109	58.53	1.64
		•					
@COUNTY HOSPITAL TOTAL	10	68 \$	5,500.13		.006 \$		•
CO HOSPITAL INPATIENT TOTAL		4	3,954.00	988.50	.000	3954.00	.34
HSC HOSPITALS	1	4	3 , 954.00	988.50	.000	3954.00	.34
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER INPATIENT	U		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	9	64	1,546.13	24.16	.006	171.79	.13
MEDICAL	1	1	.00	.00	.000	.00	.00
SURGERY	3	4	122.40	30.60	.000	40.80	.01
PATHOLOGY	7	27	504.85	18.70	.002	72.12	.04
RADIOLOGY	1	1	25.69	25.69	.000	25.69	.00
ROOM USE	5	12	634.33	52.86	.001	126.87	.05
CROSSOVERS/ALL OTH OUTPTNT	5	19	258.86	13.62	.002	51.77	.02
		CES AND EXPENDITURES MO					PAGE 9,835
MOP024	FEE-FOR-SERVICE		NIH-OF-FAIMENI KE	EFORT FOR JAN 2	OA IRO DE	2004	03/14/05
			, TNDTCDNE				03/14/03
PLACER COUNTY	SUMMARY OF SERV	ICES FOR ALL MEDICALLY	Y INDIGENT				~=
					MON'		
11,624 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	985	5,081 \$	749,524.10	\$ 147.52	.437 \$	760.94	\$ 64.48
COMM HOSP INPATIENT TOTAL	108	517	642,075.21	1241.92	.044	5945.14	55.24
HSC HOSPITALS	85	402	510,820.44	1270.70	.035	6009.65	43.95
NON-HSC HOSPITALS TOTAL	23	115	131,254.77	1141.35	.010	5706.73	11.29
ACCOMMODATIONS	23	115	61,038.12	530.77	.010	2653.83	5.25
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
				.00			.00
TRANSITIONAL IP CARE	0	^	0.0	0.0	$\cap \cap \cap$		
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	23	115	61,038.12	530.77	.010	2653.83	5.25
	23 23	115 0	61,038.12 70,216.65	530.77	.010	2653.83 3052.90	5.25 6.04
INPATIENT CROSSOVERS	23	115	61,038.12	530.77	.010	2653.83	5.25
	23 23	115 0	61,038.12 70,216.65	530.77	.010	2653.83 3052.90	5.25 6.04
INPATIENT CROSSOVERS	23 23 0	115 0 0	61,038.12 70,216.65 .00	530.77 .00 .00	.010 .000 .000	2653.83 3052.90 .00	5.25 6.04 .00
INPATIENT CROSSOVERS ALL OTHER INPATIENT	23 23 0 0	115 0 0 0	61,038.12 70,216.65 .00 .00	530.77 .00 .00 .00 .00 23.54	.010 .000 .000 .000	2653.83 3052.90 .00 .00	5.25 6.04 .00 .00
INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	23 23 0 0 922 141	115 0 0 0 0 4,564 192	61,038.12 70,216.65 .00 .00 107,448.89 7,653.68	530.77 .00 .00 .00 23.54 39.86	.010 .000 .000 .000 .393 .017	2653.83 3052.90 .00 .00 116.54 54.28	5.25 6.04 .00 .00 9.24 .66
INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	23 23 0 0 922 141 86	115 0 0 0 4,564 192 110	61,038.12 70,216.65 .00 .00 107,448.89 7,653.68 3,174.56	530.77 .00 .00 .00 23.54 39.86 28.86	.010 .000 .000 .000 .393 .017	2653.83 3052.90 .00 .00 116.54 54.28 36.91	5.25 6.04 .00 .00 9.24 .66 .27
INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	23 23 0 0 922 141 86 393	115 0 0 0 4,564 192 110 1,828	61,038.12 70,216.65 .00 .00 107,448.89 7,653.68 3,174.56 21,062.00	530.77 .00 .00 .00 23.54 39.86 28.86 11.52	.010 .000 .000 .000 .393 .017 .009	2653.83 3052.90 .00 .00 116.54 54.28 36.91 53.59	5.25 6.04 .00 .00 9.24 .66 .27 1.81
INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	23 23 0 0 922 141 86 393 219	115 0 0 0 4,564 192 110 1,828 329	61,038.12 70,216.65 .00 .00 107,448.89 7,653.68 3,174.56 21,062.00 25,954.42	530.77 .00 .00 .00 23.54 39.86 28.86 11.52 78.89	.010 .000 .000 .000 .393 .017 .009 .157	2653.83 3052.90 .00 .00 116.54 54.28 36.91 53.59 118.51	5.25 6.04 .00 .00 9.24 .66 .27 1.81 2.23
INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	23 23 0 0 922 141 86 393 219 654	115 0 0 0 4,564 192 110 1,828 329 854	61,038.12 70,216.65 .00 .00 107,448.89 7,653.68 3,174.56 21,062.00 25,954.42 30,841.73	530.77 .00 .00 .00 23.54 39.86 28.86 11.52 78.89 36.11	.010 .000 .000 .000 .393 .017 .009 .157 .028	2653.83 3052.90 .00 .00 116.54 54.28 36.91 53.59 118.51 47.16	5.25 6.04 .00 .00 9.24 .66 .27 1.81 2.23 2.65
INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	23 23 0 0 922 141 86 393 219 654 320	115 0 0 0 4,564 192 110 1,828 329 854 1,251	61,038.12 70,216.65 .00 .00 107,448.89 7,653.68 3,174.56 21,062.00 25,954.42 30,841.73 18,762.50	530.77 .00 .00 .00 23.54 39.86 28.86 11.52 78.89 36.11 15.00	.010 .000 .000 .000 .393 .017 .009 .157 .028 .073	2653.83 3052.90 .00 .00 116.54 54.28 36.91 53.59 118.51 47.16 58.63	5.25 6.04 .00 .00 9.24 .66 .27 1.81 2.23 2.65 1.61
INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	23 23 0 0 922 141 86 393 219 654	115 0 0 0 4,564 192 110 1,828 329 854	61,038.12 70,216.65 .00 .00 107,448.89 7,653.68 3,174.56 21,062.00 25,954.42 30,841.73	530.77 .00 .00 .00 23.54 39.86 28.86 11.52 78.89 36.11	.010 .000 .000 .000 .393 .017 .009 .157 .028	2653.83 3052.90 .00 .00 116.54 54.28 36.91 53.59 118.51 47.16	5.25 6.04 .00 .00 9.24 .66 .27 1.81 2.23 2.65 1.61

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	3	231	\$	22,995.02	\$	99.55	.020	\$	7665.01	\$	1.98
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	3	231		22,995.02		99.55	.020		7665.01		1.98
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1	1	\$	48.36	\$	48.36	.000	\$	48.36	Ś	.00
HOSPITAL BASED	1	1	-	48.36	-	48.36	.000	т.	48.36	7	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	448	1,143	\$	16,314.62	\$	14.27	.098	\$	36.42	Ś	1.40
PATHOLOGY	448	1,143	Τ	16,314.62	Ψ.	14.27	.098	Τ.	36.42	т	1.40
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	703	1,282	\$	127,428.07	\$	99.40	.110	Ś	181.26	Ś	10.96
CLINIC	292	645	Ψ	22,171.24	¥	34.37	.055	۲	75.93	Ψ	1.91
SURGICENTER	8	59		1,669.94		28.30	.005		208.74		.14
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	420	578		103,586.89		179.22	.050		246.64		8.91
#CALIF DEPT OF HEALTH SERV			EC M	ONTH-OF-PAYMENT RE	ם רם			חבר		D	AGE 9,836
MOP024	FEE-FOR-SERVICE		11 01	ONIH OF TATMENT KE	11 01(1	I FOR OAN	2004 111110		2004		03/14/05
	THE FOR SERVICE										03/14/03
DI ACED COINTY	CIIMMADV OF CEDI		тслт	TV TNDTCENT							
PLACER COUNTY	SUMMARY OF SERV	VICES FOR ALL MED	ICAL	LY INDIGENT			M	∩N™	HIV AVERA	CF	
		TICES FOR ALL MED			7/1/2	PACE COST	M				
PLACER COUNTY 11,624 ELIGIBLES	SUMMARY OF SERV	VICES FOR ALL MED UNITS OF SERVICE		LY INDIGENT EXPENDITURES			UNITS/DAY		COST PER		COST PER
11,624 ELIGIBLES	USERS	VICES FOR ALL MED UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	PEF	R UNIT/DAY	UNITS/DAY	S	COST PER USER		COST PER ELIGIBLE
11,624 ELIGIBLES @ALL OTHER PROVIDERS	USERS	VICES FOR ALL MED UNITS OF SERVICE OR DAYS OF CARE 13,244		EXPENDITURES 60,759.30		R UNIT/DAY 4.59	UNITS/DAY PER ELIG 1.139	S	COST PER USER 197.91		COST PER ELIGIBLE 5.23
11,624 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	USERS 307 41	UNITS OF SERVICE OR DAYS OF CARE 13,244 95		EXPENDITURES 60,759.30 8,223.50	PEF	R UNIT/DAY 4.59 86.56	UNITS/DAY PER ELIG 1.139 .008	S	COST PER USER 197.91 200.57		COST PER ELIGIBLE 5.23 .71
11,624 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	USERS 307 41 0	UNITS OF SERVICE OR DAYS OF CARE 13,244 95 0		EXPENDITURES 60,759.30 8,223.50 .00	PEF	R UNIT/DAY 4.59 86.56 .00	UNITS/DAY PER ELIG 1.139 .008 .000	S	COST PER USER 197.91 200.57 .00		COST PER ELIGIBLE 5.23 .71 .00
11,624 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	USERS 307 41 0 0	UNITS OF SERVICE OR DAYS OF CARE 13,244 95 0 0		EXPENDITURES 60,759.30 8,223.50 .00 .00	PEF	4.59 86.56 .00	UNITS/DAY PER ELIG 1.139 .008 .000	S	COST PER USER 197.91 200.57 .00		COST PER ELIGIBLE 5.23 .71 .00
11,624 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	USERS 307 41 0 0 69	UNITS OF SERVICE OR DAYS OF CARE 13,244 95 0 0 814		EXPENDITURES 60,759.30 8,223.50 .00 .00 19,441.11	PEF	R UNIT/DAY 4.59 86.56 .00 .00 23.88	UNITS/DAY PER ELIG 1.139 .008 .000 .000	S	COST PER USER 197.91 200.57 .00 .00 281.76		COST PER ELIGIBLE 5.23 .71 .00 .00
11,624 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	USERS 307 41 0 0 69 68	UNITS OF SERVICE OR DAYS OF CARE 13,244 95 0 0 814 749		EXPENDITURES 60,759.30 8,223.50 .00 .00 19,441.11 12,070.93	PEF	R UNIT/DAY 4.59 86.56 .00 .00 23.88 16.12	UNITS/DAY PER ELIG 1.139 .008 .000 .000 .070 .064	S	COST PER USER 197.91 200.57 .00 .00 281.76 177.51		COST PER ELIGIBLE 5.23 .71 .00 .00 1.67 1.04
11,624 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	USERS 307 41 0 0 69	UNITS OF SERVICE OR DAYS OF CARE 13,244 95 0 0 814 749 57		EXPENDITURES 60,759.30 8,223.50 .00 .00 19,441.11 12,070.93 165.22	PEF	R UNIT/DAY 4.59 86.56 .00 .00 23.88 16.12 2.90	UNITS/DAY PER ELIG 1.139 .008 .000 .000 .070 .064 .005	S	COST PER USER 197.91 200.57 .00 .00 281.76 177.51 55.07		COST PER ELIGIBLE 5.23 .71 .00 .00 1.67 1.04
11,624 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	USERS 307 41 0 0 69 68 3 7	UNITS OF SERVICE OR DAYS OF CARE 13,244 95 0 0 814 749 57 8		EXPENDITURES 60,759.30 8,223.50 .00 .00 19,441.11 12,070.93 165.22 7,204.96	PEF	R UNIT/DAY 4.59 86.56 .00 .00 23.88 16.12 2.90 900.62	UNITS/DAY PER ELIG 1.139 .008 .000 .000 .070 .064 .005 .001	S	COST PER USER 197.91 200.57 .00 .00 281.76 177.51 55.07 1029.28		COST PER ELIGIBLE 5.23 .71 .00 .00 1.67 1.04 .01
11,624 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	USERS 307 41 0 0 69 68 3 7 0	UNITS OF SERVICE OR DAYS OF CARE 13,244 95 0 814 749 57 8		EXPENDITURES 60,759.30 8,223.50 .00 .00 19,441.11 12,070.93 165.22 7,204.96 .00	PEF	R UNIT/DAY 4.59 86.56 .00 .00 23.88 16.12 2.90 900.62 .00	UNITS/DAY PER ELIG 1.139 .008 .000 .000 .070 .064 .005 .001 .000	S	COST PER USER 197.91 200.57 .00 .00 281.76 177.51 55.07 1029.28 .00		COST PER ELIGIBLE 5.23 .71 .00 .00 1.67 1.04 .01 .62
11,624 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	USERS 307 41 0 0 69 68 3 7 0 0	UNITS OF SERVICE OR DAYS OF CARE 13,244 95 0 814 749 57 8 0 0		EXPENDITURES 60,759.30 8,223.50 .00 .00 19,441.11 12,070.93 165.22 7,204.96 .00 .00	PEF	R UNIT/DAY 4.59 86.56 .00 .00 23.88 16.12 2.90 900.62 .00	UNITS/DAY PER ELIG 1.139 .008 .000 .000 .070 .064 .005 .001 .000 .000	S	COST PER USER 197.91 200.57 .00 .00 281.76 177.51 55.07 1029.28 .00 .00		COST PER ELIGIBLE 5.23 .71 .00 .00 1.67 1.04 .01 .62 .00
11,624 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	USERS 307 41 0 0 69 68 3 7 0 0 36	UNITS OF SERVICE OR DAYS OF CARE 13,244 95 0 0 814 749 57 8 0 0 36		EXPENDITURES 60,759.30 8,223.50 .00 .00 19,441.11 12,070.93 165.22 7,204.96 .00 .00 3,780.00	PEF	R UNIT/DAY 4.59 86.56 .00 .00 23.88 16.12 2.90 900.62 .00 .00 105.00	UNITS/DAY PER ELIG 1.139 .008 .000 .000 .070 .064 .005 .001 .000 .000 .000	S	COST PER USER 197.91 200.57 .00 .00 281.76 177.51 55.07 1029.28 .00 .00		COST PER ELIGIBLE 5.23 .71 .00 .00 1.67 1.04 .01 .62 .00 .00
11,624 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	USERS 307 41 0 0 69 68 3 7 0 0 36	UNITS OF SERVICE OR DAYS OF CARE 13,244 95 0 0 814 749 57 8 0 0 36		EXPENDITURES 60,759.30 8,223.50 .00 .00 19,441.11 12,070.93 165.22 7,204.96 .00 .00 3,780.00 .00	PEF	R UNIT/DAY 4.59 86.56 .00 .00 23.88 16.12 2.90 900.62 .00 105.00	UNITS/DAY. PER ELIG 1.139 .008 .000 .000 .070 .064 .005 .001 .000 .000 .000	S	COST PER USER 197.91 200.57 .00 .00 281.76 177.51 55.07 1029.28 .00 .00		COST PER ELIGIBLE 5.23 .71 .00 .00 .1.67 1.04 .01 .62 .00 .00 .33 .00
11,624 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	USERS 307 41 0 0 69 68 3 7 0 0 36 0	UNITS OF SERVICE OR DAYS OF CARE 13,244 95 0 0 814 749 57 8 0 0 36 0 0		EXPENDITURES 60,759.30 8,223.50 .00 .00 19,441.11 12,070.93 165.22 7,204.96 .00 .00 3,780.00 .00 .00	PEF	R UNIT/DAY 4.59 86.56 .00 .00 23.88 16.12 2.90 900.62 .00 .00 105.00 .00	UNITS/DAY. PER ELIG 1.139 .008 .000 .000 .070 .064 .005 .001 .000 .000 .003 .000	S	COST PER USER 197.91 200.57 .00 .00 281.76 177.51 55.07 1029.28 .00 .00 105.00 .00		COST PER ELIGIBLE 5.23 .71 .00 .00 .00 .1.67 1.04 .01 .62 .00 .00 .33 .00 .00
11,624 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	USERS 307 41 0 0 69 68 3 7 0 0 36 0 0 82	UNITS OF SERVICE OR DAYS OF CARE 13,244 95 0 0 814 749 57 8 0 0 36 0 174		EXPENDITURES 60,759.30 8,223.50 .00 .00 19,441.11 12,070.93 165.22 7,204.96 .00 .00 3,780.00 .00 2,651.56	PEF	R UNIT/DAY 4.59 86.56 .00 .00 23.88 16.12 2.90 900.62 .00 .00 105.00 .00 15.24	UNITS/DAY PER ELIG 1.139 .008 .000 .000 .070 .064 .005 .001 .000 .000 .000 .000	S	COST PER USER 197.91 200.57 .00 .00 281.76 177.51 55.07 1029.28 .00 .00 105.00 .00 32.34		COST PER ELIGIBLE 5.23 .71 .00 .00 .1.67 1.04 .01 .62 .00 .00 .33 .00 .00 .23
11,624 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	USERS 307 41 0 0 69 68 3 7 0 0 36 0 0 82 0	VICES FOR ALL MED UNITS OF SERVICE OR DAYS OF CARE 13,244 95 0 0 814 749 57 8 0 0 36 0 0 174		EXPENDITURES 60,759.30 8,223.50 .00 .00 19,441.11 12,070.93 165.22 7,204.96 .00 .00 3,780.00 .00 2,651.56 .00	PEF	R UNIT/DAY 4.59 86.56 .00 .00 23.88 16.12 2.90 900.62 .00 .00 105.00 .00 15.24 .00	UNITS/DAY PER ELIG 1.139 .008 .000 .000 .070 .064 .005 .001 .000 .000 .003 .000 .000 .015 .000	S	COST PER USER 197.91 200.57 .00 .00 281.76 177.51 55.07 1029.28 .00 .00 105.00 .00 32.34 .00		COST PER ELIGIBLE 5.23 .71 .00 .00 .1.67 1.04 .01 .62 .00 .00 .33 .00 .00 .23 .00
11,624 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	USERS 307 41 0 0 69 68 3 7 0 0 36 0 0 82 0 1	VICES FOR ALL MED UNITS OF SERVICE OR DAYS OF CARE 13,244 95 0 0 814 749 57 8 0 0 36 0 0 174 0 2		EXPENDITURES 60,759.30 8,223.50 .00 .00 19,441.11 12,070.93 165.22 7,204.96 .00 .00 3,780.00 .00 2,651.56 .00 38.68	PEF	R UNIT/DAY 4.59 86.56 .00 .00 23.88 16.12 2.90 900.62 .00 105.00 .00 15.24 .00 19.34	UNITS/DAY PER ELIG 1.139 .008 .000 .000 .070 .064 .005 .001 .000 .000 .003 .000 .000 .015 .000 .000	S	COST PER USER 197.91 200.57 .00 .00 281.76 177.51 55.07 1029.28 .00 .00 105.00 .00 32.34 .00 38.68		COST PER ELIGIBLE 5.23 .71 .00 .00 .00 1.67 1.04 .01 .62 .00 .00 .33 .00 .00 .23 .00 .00 .00
11,624 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	USERS 307 41 0 0 69 68 3 7 0 0 36 0 0 82 0 1	VICES FOR ALL MED UNITS OF SERVICE OR DAYS OF CARE 13,244 95 0 0 814 749 57 8 0 0 36 0 0 174 0 2 3		EXPENDITURES 60,759.30 8,223.50 .00 .00 19,441.11 12,070.93 165.22 7,204.96 .00 .00 3,780.00 .00 2,651.56 .00 38.68 116.42	PEF	R UNIT/DAY 4.59 86.56 .00 .00 23.88 16.12 2.90 900.62 .00 .00 105.00 .00 15.24 .00 19.34 38.81	UNITS/DAY PER ELIG 1.139 .008 .000 .070 .064 .005 .001 .000 .000 .003 .000 .015 .000 .000 .000	S	COST PER USER 197.91 200.57 .00 .00 281.76 177.51 .55.07 1029.28 .00 .00 .00 .00 .00 .32.34 .00 .38.68 .58.21		COST PER ELIGIBLE 5.23 .71 .00 .00 .00 1.67 1.04 .01 .62 .00 .00 .33 .00 .00 .23 .00 .00 .01
11,624 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS	USERS 307 41 0 0 69 68 3 7 0 0 36 0 0 82 0 1 2 2	UNITS OF SERVICE OR DAYS OF CARE 13,244 95 0 0 814 749 57 8 0 0 36 0 0 174 0 2 3 3		EXPENDITURES 60,759.30 8,223.50 .00 .00 19,441.11 12,070.93 165.22 7,204.96 .00 .00 3,780.00 .00 2,651.56 .00 38.68 116.42 116.42	PEF	R UNIT/DAY 4.59 86.56 .00 .00 23.88 16.12 2.90 900.62 .00 .00 105.00 .00 15.24 .00 19.34 38.81 38.81	UNITS/DAY PER ELIG 1.139 .008 .000 .070 .064 .005 .001 .000 .003 .000 .000 .015 .000 .000 .000 .000	S	COST PER USER 197.91 200.57 .00 .00 281.76 177.51 .55.07 1029.28 .00 .00 .00 .00 .32.34 .00 38.68 58.21 58.21		COST PER ELIGIBLE 5.23 .71 .00 .00 .1.67 1.04 .01 .62 .00 .00 .33 .00 .00 .23 .00 .00 .01 .01
11,624 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS	USERS 307 41 0 0 69 68 3 7 0 0 36 0 0 82 0 1 2 2 0	UNITS OF SERVICE OR DAYS OF CARE 13,244 95 0 0 814 749 57 8 0 0 36 0 0 174 0 2 3 3 0		EXPENDITURES 60,759.30 8,223.50 .00 .00 19,441.11 12,070.93 165.22 7,204.96 .00 .00 3,780.00 .00 2,651.56 .00 38.68 116.42 116.42 .00	PEF	R UNIT/DAY 4.59 86.56 .00 .00 23.88 16.12 2.90 900.62 .00 .00 105.00 .00 15.24 .00 19.34 38.81 38.81	UNITS/DAY PER ELIG 1.139 .008 .000 .070 .064 .005 .001 .000 .000 .003 .000 .015 .000 .000 .000 .000 .000	S	COST PER USER 197.91 200.57 .00 .00 281.76 177.51 55.07 1029.28 .00 .00 .00 .00 .00 .32.34 .00 .38.68 58.21 58.21 .00		COST PER ELIGIBLE 5.23 .71 .00 .00 .1.67 .1.04 .01 .62 .00 .00 .33 .00 .00 .23 .00 .00 .01 .01 .01 .00
11,624 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST	USERS 307 41 0 0 69 68 3 7 0 0 36 0 0 82 0 1 2 2 0 0	UNITS OF SERVICE OR DAYS OF CARE 13,244 95 0 0 814 749 57 8 0 0 36 0 174 0 2 3 3 0 0		EXPENDITURES 60,759.30 8,223.50 .00 .00 19,441.11 12,070.93 165.22 7,204.96 .00 .00 3,780.00 .00 2,651.56 .00 38.68 116.42 116.42 .00 .00	PEF	R UNIT/DAY 4.59 86.56 .00 .00 23.88 16.12 2.90 900.62 .00 .00 105.00 .00 15.24 .00 19.34 38.81 38.81 38.81 .00 .00	UNITS/DAY PER ELIG 1.139 .008 .000 .000 .070 .064 .005 .001 .000 .000 .003 .000 .000 .015 .000 .000 .000 .000 .000	S	COST PER USER 197.91 200.57 .00 .00 281.76 177.51 55.07 1029.28 .00 .00 .00 .00 .32.34 .00 .38.68 58.21 58.21 .00 .00 .00		COST PER ELIGIBLE 5.23 .71 .00 .00 .00 .1.67 .1.04 .01 .62 .00 .00 .33 .00 .00 .23 .00 .00 .01 .01 .01 .00 .00 .00 .00 .00
11,624 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	USERS 307 41 0 0 69 68 3 7 0 0 36 0 0 82 0 1 2 2 0 0 8	UNITS OF SERVICE OR DAYS OF CARE 13,244 95 0 0 814 749 57 8 0 0 36 0 0 174 0 2 3 3 0 0 27		EXPENDITURES 60,759.30 8,223.50 .00 .00 19,441.11 12,070.93 165.22 7,204.96 .00 .00 3,780.00 .00 2,651.56 .00 38.68 116.42 116.42 .00 .00 644.97	PEF	R UNIT/DAY 4.59 86.56 .00 .00 23.88 16.12 2.90 900.62 .00 .00 105.00 .00 15.24 .00 19.34 38.81 38.81 38.81 .00 .00 23.89	UNITS/DAY PER ELIG 1.139 .008 .000 .000 .070 .064 .005 .001 .000 .000 .003 .000 .000 .015 .000 .000 .000 .000 .000	S	COST PER USER 197.91 200.57 .00 .00 281.76 177.51 55.07 1029.28 .00 .00 .00 .00 .32.34 .00 .38.68 58.21 58.21 .00 .00 .00 .80.62		COST PER ELIGIBLE 5.23 .71 .00 .00 .00 .1.67 .1.04 .01 .62 .00 .00 .33 .00 .00 .23 .00 .00 .01 .01 .01 .00 .00 .01 .01 .00 .00
11,624 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES	USERS 307 41 0 0 69 68 3 7 0 0 36 0 0 82 0 1 2 2 0 0 8 6	UNITS OF SERVICE OR DAYS OF CARE 13,244 95 0 0 814 749 57 8 0 0 36 0 0 174 0 2 3 3 0 0 27 132		EXPENDITURES 60,759.30 8,223.50 .00 .00 19,441.11 12,070.93 165.22 7,204.96 .00 .00 3,780.00 .00 2,651.56 .00 38.68 116.42 116.42 .116.42 .00 .00 644.97	PEF	R UNIT/DAY 4.59 86.56 .00 .00 23.88 16.12 2.90 900.62 .00 .00 105.00 .00 15.24 .00 19.34 38.81 38.81 38.81 38.81 .00 .00 23.89 124.88	UNITS/DAY. PER ELIG 1.139 .008 .000 .000 .070 .064 .005 .001 .000 .000 .000 .000 .000 .000	S	COST PER USER 197.91 200.57 .00 .00 281.76 177.51 55.07 1029.28 .00 .00 .00 .00 .00 .32.34 .00 .38.68 58.21 58.21 .00 .00 .80.62 2747.36		COST PER ELIGIBLE 5.23 .71 .00 .00 .00 .1.67 .1.04 .01 .62 .00 .00 .33 .00 .00 .23 .00 .00 .01 .01 .01 .00 .00 .01 .01 .00 .00
11,624 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	USERS 307 41 0 0 69 68 3 7 0 0 36 0 0 82 0 1 2 2 0 0 8	UNITS OF SERVICE OR DAYS OF CARE 13,244 95 0 0 814 749 57 8 0 0 36 0 0 174 0 2 3 3 0 0 27		EXPENDITURES 60,759.30 8,223.50 .00 .00 19,441.11 12,070.93 165.22 7,204.96 .00 .00 3,780.00 .00 2,651.56 .00 38.68 116.42 116.42 .00 .00 644.97	PEF	R UNIT/DAY 4.59 86.56 .00 .00 23.88 16.12 2.90 900.62 .00 .00 105.00 .00 15.24 .00 19.34 38.81 38.81 38.81 .00 .00 23.89	UNITS/DAY PER ELIG 1.139 .008 .000 .000 .070 .064 .005 .001 .000 .000 .003 .000 .000 .015 .000 .000 .000 .000 .000	S	COST PER USER 197.91 200.57 .00 .00 281.76 177.51 55.07 1029.28 .00 .00 .00 .00 .32.34 .00 .38.68 58.21 58.21 .00 .00 .00 .80.62		COST PER ELIGIBLE 5.23 .71 .00 .00 .00 .1.67 .1.04 .01 .62 .00 .00 .33 .00 .00 .23 .00 .00 .01 .01 .01 .00 .00 .01 .01 .00 .00

LOCAL EDUCATION AGENCIES	40	248	2,377.94	9.59	.021	59.45	.20
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	34	11,713	7,000.96	.60	1.008	205.91	.60
@CALIF. CHILDREN SERVICES*	111	5 , 577	\$ 312,406.77	\$ 56.02	.480	\$ 2814.48	\$ 26.88
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,837 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

PLACER COUNTY	SUMMARY OF SERVI	CES FOR RENAL DIALYSIS		AID CODES	71		, ,
					MONT	THLY AVERAGE	Ξ
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MONTH	-OF-PAYMENT REPOR	RT FOR JAN 200)4 THRU D	EC 2004	PAGE 9,838
MOP024	FEE-FOR-SERVICE/DENTAI	L					03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FO	OR RENAL DIALYSIS		AID CODES 71	-		
					MC	NTHLY AVERAG	E

						M			GΕ	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	0	0	.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00		\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	Ü	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITURES MON	TH-OF-PAYMENT RE	PORT FOR JAN 2	2004 THRU DE	EC 2004	PAGE 9,839
MOP024	FEE-FOR-SERVICE/	DENTAL					03/14/05
PLACER COUNTY	SUMMARY OF SERVI	CES FOR RENAL DIALYSI	S	AID CODES	71		
					MON	NTHLY AVERAG	717
					MOI	NIUDI WADVW	5년
00 ELIGIBLES	USERS (UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
00 ELIGIBLES	USERS (UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY			
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	USERS (EXPENDITURES		UNITS/DAYS	COST PER USER	COST PER
	USERS TO 0	OR DAYS OF CARE		PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	USERS TO 0 0 0	OR DAYS OF CARE	.00	PER UNIT/DAY \$.00	UNITS/DAYS PER ELIG .000 \$	COST PER USER .00	COST PER ELIGIBLE \$.00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	USERS 0 0 0 0 0	OR DAYS OF CARE	.00	PER UNIT/DAY \$.00 .00	UNITS/DAYS PER ELIG .000 \$	COST PER USER .00	COST PER ELIGIBLE \$.00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	USERS 0 0 0 0 0 0	OR DAYS OF CARE	.00	PER UNIT/DAY \$.00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000	COST PER USER .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	USERS 0 0 0 0 0 0 0	OR DAYS OF CARE	.00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000	COST PER USER .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	USERS 0 0 0 0 0 0 0	OR DAYS OF CARE	.00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000	COST PER USER \$.00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	USERS 0 0 0 0 0 0 0 0	OR DAYS OF CARE	.00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000	COST PER USER \$.00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	USERS 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE	.00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE	.00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE	.00 .00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE	.00 .00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE	.00 .00 .00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	JRES MONTH-O		EPORI	FOR JAN 2004	THRU	DEC	2004	PAGE	9,840
MOP024	FEE-FOR-SERVICE/DENTAL									03	/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR	RENAL	DIALYSIS			AID CODES 71					
							N	тиом	HIY AVERA	GE	

					MON	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,841

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

					MON7	THLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00 \$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@ PHARMACY	0	0 \$.00	\$.00	.000 \$.00 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0		0		.00		.00	.000		.00		.00
@DENTIST	0		0	Ś	.00	\$.00	.000		.00	\$.00
VISITS - DIAGNOSTIC	0		0	Y	.00	Ÿ	.00	.000		.00	Y	.00
ORAL SURGERY	0		0		.00		.00	.000		.00		.00
	0		0									
DRUGS	0		•		.00		.00	.000		.00		.00
ANESTHESIA	•		0		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	U		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXE	PENDIT	JRES M	ONTH-OF-PAYMENT RE	EPORT FO	R JAN 2	2004 THRU	DEC	2004	P	AGE 9,842
MOP024	FEE-FOR-SERVICE	/DENTAL										03/14/05
PLACER COUNTY	SUMMARY OF SERV	ICES FOR	TOTAL	PAREN	TERAL NUTRITION	AID	CODES	73				
									INOM	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF	SERVI	CE	EXPENDITURES	AVERAG:	E COST	UNITS/DA	YS	COST PER		COST PER
		OR DAYS	OF CAI	RE		PER UN	IT/DAY	PER ELI	G	USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0	•	.00	·	.00	.000		.00	•	.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000		.00	\$.00
VISITS	0		0	7	.00	т	.00	.000		.00	т.	.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	Ś	.00	\$.00	.000		.00	S	.00
MEDICINE/INJECTIONS	0		0	٧	.00	Y	.00	.000		.00	Y	.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
	0		0	ċ	.00	\$.00	.000		.00	\$.00
@HOME HEALTH AGENCY	0		0	\$ \$.00	۶ \$.00	\$.00
NURSE ANESTHESIST	0		0				.00	.000				
NURSE MIDWIFE	0		-	\$.00	\$.00	.000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER	•		0	\$.00	\$.00	.000		.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000		.00	\$.00
@TOTAL HOSPITAL	0		0	Ş	.00	\$.00	.000		.00	\$.00
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ATT OTHER INDATTENT	0		0		0.0		0.0	000		0.0		0.0

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ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

0

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CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
	0				·		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURES MON					PAGE 9,843
MOP024	FEE-FOR-SERVIC						03/14/05
PLACER COUNTY		VICES FOR TOTAL PARENT	ERAL NUTRITION	AID CODES	7.3		00/ 11/ 00
12110211 0001111	0011111111 01 021	. 1020 101. 10112 111.21.11			MONTE	HLY AVERAG	F
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
00 221013220	002110	OR DAYS OF CARE	2111 2113 1 1 0 1 12 0	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	-
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0	.00			.00	.00
INPATIENT CROSSOVERS	0	0		.00	.000		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
THE D GUDACUME EDERGRANDING	^	<u> </u>	0.0	0.0	0.00	0.0	0.0

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LEV B-SUBACUTE FREESTANDING

LEV B-SUBACUTE HSPTL BASED

LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

LEV B-REGULAR

ICF DDH

ICF DD

ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0		0		.00		.00	.000		.00		.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXE	PENDITUR	ES MOI	NTH-OF-PAYMENT RE	EPORI	FOR JAN 2	2004 THRU	DEC	2004	PAGE	9,844
MOP024	FEE-FOR-SERVICE/DI	ENTAL									03	3/14/05
MOP024 PLACER COUNTY	FEE-FOR-SERVICE/DI SUMMARY OF SERVICE		TOTAL P	ARENTI	ERAL NUTRITION		AID CODES	73			03	3/14/05
			TOTAL P	ARENTI	ERAL NUTRITION		AID CODES		TNOI	'HLY AVERA		3/14/05
	SUMMARY OF SERVICE				ERAL NUTRITION EXPENDITURES		AID CODES	M		HLY AVERA	GE	3/14/05 F PER
PLACER COUNTY	SUMMARY OF SERVICE USERS UI	ES FOR	SERVICE			AVE	RAGE COST	M UNITS/DAY PER ELIG	'S	COST PER USER	GE COSI	PER
PLACER COUNTY	SUMMARY OF SERVICE USERS UI	ES FOR	SERVICE		EXPENDITURES .00	AVE	RAGE COST	UNITS/DAY PER ELIG	'S	COST PER USER .00	GE COSI	PER
PLACER COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	SUMMARY OF SERVICE USERS UI	ES FOR	SERVICE		EXPENDITURES .00 .00	AVE	RAGE COST UNIT/DAY .00 .00	UNITS/DAY PER ELIG	'S	COST PER USER .00	GE COST ELIG	PER GIBLE .00
PLACER COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	SUMMARY OF SERVICE USERS UI	ES FOR	SERVICE		EXPENDITURES .00 .00 .00	AVE	RAGE COST UNIT/DAY .00 .00	UNITS/DAY PER ELIG .000 .000	'S	COST PER USER .00 .00	GE COST ELIG	F PER GIBLE .00 .00 .00
PLACER COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	SUMMARY OF SERVICE USERS UI	ES FOR	SERVICE		EXPENDITURES	AVE	CRAGE COST CUNIT/DAY .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000	'S	COST PER USER .00 .00 .00	GE COST ELIG	F PER FIBLE .00 .00 .00
PLACER COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	SUMMARY OF SERVICE USERS UI	ES FOR	SERVICE		EXPENDITURES	AVE	CRAGE COST R UNIT/DAY .00 .00 .00 .00	UNITS/DAY PER ELIG .000 .000 .000 .000 .000	'S	COST PER USER .00 .00 .00 .00 .00	GE COST ELIG	PER GIBLE .00 .00 .00 .00 .00
PLACER COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	SUMMARY OF SERVICE USERS UI	ES FOR	SERVICE		EXPENDITURES	AVE	CRAGE COST CUNIT/DAY .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000	'S	COST PER USER .00 .00 .00 .00 .00 .00	GE COST ELIG	F PER FIBLE .00 .00 .00
PLACER COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	SUMMARY OF SERVICE USERS UI	ES FOR	SERVICE		EXPENDITURES	AVE	CRAGE COST R UNIT/DAY .00 .00 .00 .00	MUNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000	'S	COST PER USER .00 .00 .00 .00 .00 .00 .00	GE COST ELIG	PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00
PLACER COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	SUMMARY OF SERVICE USERS UI	ES FOR	SERVICE		EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE	CRAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00	MUNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	'S	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	GE COST ELIG	PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
PLACER COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	SUMMARY OF SERVICE USERS UI	ES FOR	SERVICE		EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE	CRAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .0	MUNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	'S	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST ELIG	PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
PLACER COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	SUMMARY OF SERVICE USERS UI	ES FOR	SERVICE		EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE	CRAGE COST R UNIT/DAY .00 .00 .00 .00 .00 .00 .00	MUNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	'S	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	GE COST ELIG	PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

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^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,845
MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

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					MON'	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU	DEC 2004	PAGE 9,846
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05

SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

PLACER COUNTY

----- MONTHLY AVERAGE -----00 ELIGIBLES EXPENDITURES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 0 .00 .00 \$ @OPTOMETRIST \$.00 .000 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 .00 .00 EYE APPLIANCES 0 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 \$ @CHIROPRACTOR .00 .000 \$.00 \$.00 VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 OTHER SERVICES @PODIATRIST 0 .00 \$.00 .000 \$.00 \$.00 .00 MEDICINE/INJECTIONS 0 .00 .000 .00 .00 .00 .00 .000 .00 .00 SURGERY/ANES. 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 .00 \$.00 .000 \$.00 \$.00 @HOME HEALTH AGENCY 0 NURSE ANESTHESIST .00 \$.00 .000 \$.00 \$.00 .00 NURSE MIDWIFE .00 \$.00 .000 \$.00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 FAMILY NURSE PRACTITIONER .00 .00 .000 \$.00 .00 @TOTAL HOSPITAL .00 .00 .000 \$.00 \$.00 HOSP INPATIENT TOTAL .00 .00 .000 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 .00 .00 ADMINISTRATIVE DAYS .00 .000 .00 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 .00 INPATIENT CROSSOVERS .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES M	MONTH-OF-PAYMENT REI	PORT FOR JAN 20	04 THRU DEC	2004	PAGE 9,847
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR	IRCA ALIENS	AID CO	ODES 51 52 56 5	7		
				_	MONTI	HIY AVERAC	F

					MONT	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0 :	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURE	S MONTH-OF	-PAYMENT RE	PORT	FOR JAN 2004	THRU	DEC	2004	PAGE	9,848
MOP024	FEE-FOR-SERVICE/DENTAL									03	/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR	IRCA ALI	ENS	AID C	ODES	51 52 56 57					

PLACER COUNTI	SUMMARI OF SER	VICES FOR	IRCA AL	TENS	AID	CODES 31 32 36	57		
							MON	THLY AVERAG	GE
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0		0		.00	.00	.000	.00	.00
BLOOD BANK	0		0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0		0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0		0		.00	.00	.000	.00	.00
OTHER TRANS	0		0		.00	.00	.000	.00	.00
OTHER SERVICES	0		0		.00	.00	.000	.00	.00
ACUPUNCTURE	0		0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0		0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0		.00	.00	.000	.00	.00
OPTICIAN	0		0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0		0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0		0		.00	.00	.000	.00	.00
PROSTHETICS	0		0		.00	.00	.000	.00	.00
ORTHOTICS	0		0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0		0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0		0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0		0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0		0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0		0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0		0	\$.00	\$.00	.000 \$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,849

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

PLACER COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

12110211 0001111	5011111111 01 5111				0022 00 00 01	MO	NTHLY AVERA	CF
1 144 ELICIPIES	USERS	IINITE OF CEDITO	יקוי	EXPENDITURES	AVERAGE COST			COST PER
1,144 ELIGIBLES	USEKS	UNITS OF SERVICE		EXPENDITORES				
	= 0.0	OR DAYS OF CAR			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	508	3,041	\$	415,001.93	\$ 136.47	2.658		\$ 362.76
@PHYSICIANS SERVICES	314	1,001	\$	89 , 807.46	\$ 89.72	.875	\$ 286.01	\$ 78.50
OUTPATIENT VISITS	175	285		16 , 884.77	59.24	.249	96.48	14.76
OFFICE VISITS	39	45		1,697.09	37.71	.039	43.52	1.48
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	38	45		2,589.61	57.55	.039	68.15	2.26
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	101	193		12,529.34	64.92	.169	124.05	10.95
OTHER OUTPATIENT	2	2		68.73	34.37	.002	34.37	.06
INPATIENT VISITS	48	129		7,195.93	55.78	.113	149.92	6.29
HOSPITAL VISITS	47	105		4,325.53	41.20	.092	92.03	3.78
CRITICAL CARE	1	24		2,870.40	119.60	.021	2870.40	2.51
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	73	311		52,385.46	168.44	.272	717.61	45.79
PRINCIPAL SURGEON	51	61		44,460.12	728.85	.053	871.77	38.86
ASSISTANT SURGEON	9	9		2,054.56	228.28	.008	228.28	1.80
ANESTHESIOLOGIST	26	241		5 , 870.78	24.36	.211	225.80	5.13
OUTPATIENT SURGERY	27	29		1,170.85	40.37	.025	43.36	1.02
PRINCIPAL SURGEON	27	29		1,170.85	40.37	.025	43.36	1.02

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	39	46		731.20		15.90	.040		18.75		.64
RADIOLOGY	91	151		6,996.16		46.33	.132		76.88		6.12
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	2		112.76		56.38	.002		56.38		.10
OTHER SERVICES/ALL X-OVERS	29	48		4,330.33		90.22	.042		149.32		3.79
@PHARMACY	144	288	\$	12,831.78	\$	44.55	.252	\$	89.11	\$	11.22
PRESCRIPTION DRUGS	143	281		12,269.51		43.66	.246		85.80		10.73
SNF/ICF	1	1		22.05		22.05	.001		22.05		.02
OUTPATIENTS	142	280		12,247.46		43.74	.245		86.25		10.71
MEDICAL SUPPLIES	4	7		562.27		80.32	.006		140.57		.49
@DENTIST	3	5	\$.00	\$.00	.004	\$.00	\$.00
VISITS - DIAGNOSTIC	2	4		.00		.00	.003		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	1		.00		.00	.001		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITU	RES M	ONTH-OF-PAYMENT RE	EPOR:	r for Jan 200)4 THRU	DEC	2004	PAGE	9,850
MOP024	FEE-FOR-SERVICE/DENT	'AL								0	3/14/05
PLACER COUNTY	SUMMARY OF SERVICES	FOR MI/MN	ALIEN	WITHOUT SIS AID	CODE	55 58 5F					

12110211 0001111	COLUMNIC OF CEIC	1020 1010	/	 010 1112	0022	00 00 02					
							M	TNO	HLY AVERA	AGE	
1,144 ELIGIBLES	USERS	UNITS OF	SERVICE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0	.00		.00	.000		.00		.00
EYE APPLIANCES	0		0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0	.00		.00	.000		.00		.00
OTHER SERVICES	0		0	.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0	.00		.00	.000		.00		.00
SURGERY/ANES.	0		0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0	.00		.00	.000		.00		.00
OTHER	0		0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	4		7	\$ 373.97	\$	53.42	.006	\$	93.49	\$.33
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	209	1	,348	\$ 302,281.55	\$	224.24	1.178	\$	1446.32	\$	264.23
HOSP INPATIENT TOTAL	55		201	256,912.14		1278.17	.176		4671.13		224.57
HSC HOSPITALS	27		88	104,509.78		1187.61	.077		3870.73		91.35
NON-HSC HOSPITAL TOTAL	28		113	152,402.36		1348.69	.099		5442.94		133.22
ACCOMMODATIONS	28		113	56,600.60		500.89	.099		2021.45		49.48

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0 0 113 0 0 0 1,147	.00 56,600.60	.00	.000	.00	.00
ALL OTHER ACCOM	28 28	113		500.89	.099	2021.45	49.48
ANCILLARIES	28	0	95,801.76	.00	.000	3421.49	83.74
INPATIENT CROSSOVERS	28 0 0 176 11 5	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	176	1,147	.00 45,369.41 582.36	39.55 34.26	1.003	257.78 52.94	39.66
MEDICAL	11	17	582.36	34.26	.015	52.94	.51
SURGERY	5	5	149.28	29.86	.004	29.86	.13
PATHOLOGY	104	450	4,388.27	9.75	.393	42.19	3.84
RADIOLOGY	37	44	3,381.16	76.84	.038	91.38	2.96
ROOM USE	37 78 89	124	3,942.72	31.80	.108	50.55	3.45
CROSSOVERS/ALL OTH OUTPINT	89	507	32,925.62	64.94	.443	369.95	28.78
@COUNTY HOSPITAL TOTAL	0	0 \$.00		.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	450 44 124 507 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00			.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000 .000 .000	.00	.00
MEDICAL	0	0	.00	.00	000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV M							PAGE 9,851
	EE-FOR-SERVICE		MONIII OF FAIMENT NE	SPORT FOR UAN 2	OO4 IIIKO DE	C 2004	03/14/05
			N WITHOUT SIS AID C	CODE 55 58 5E			03/14/03
FLACER COUNTY	OMMANI OF SERVE	CES FOR MI/MN ALIE	M WIINOOI 515 AID C		MON'	TUIV AUCDA	CE
1,144 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			
I, I44 EDIGIDDES	OSEINS	ON DAVE OF CARE	EXFENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	200	1 2/0 ¢	202 201 55	\$ 224.24			\$ 264.23
COMM HOSP INPATIENT TOTAL	209	201	256 012 14	1070 17	.176	4671.13	224.57
HSC HOSPITALS	22	201	104 500 70	12/0.1/	.077	3870.73	91.35
NON-HSC HOSPITALS TOTAL	20	113	152 402 36	1278.17 1187.61 1348.69 500.89	.099	5442.94	133.22
ACCOMMODATIONS	20	113	132,402.30	500.00	.099	2021.45	49.48
ACCOMMODATIONS ADMINISTRATIVE DAYS	20	113	36,600.60	.00	.000	.00	.00
ADMINISTRATIVE DAIS	0	0	.00	.00 .00 500.89			
TRANSITIONAL IP CARE	0	112	.00	.00	.000	.00	.00
ALL OTHER ACCOM	28	113	56,600.60	500.89	.099	2021.45	49.48
ANCILLARIES INPATIENT CROSSOVERS	28	U	95,801./6	.00	.000	3421.49	83.74
INPATIENT CROSSOVERS	U	U	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	176	U	.00	.00	.000	.00 257.78	.00
COMM HOSP OUTPATIENT TOTAL	1/6	1,14/	45,369.41	39.55	1.003	25/./8	39.66
MEDICAL	11	1 /	582.36	34.26	.015	52.94	.51
SURGERY	5	5	302,281.55 256,912.14 104,509.78 152,402.36 56,600.60 .00 .00 56,600.60 95,801.76 .00 .00 45,369.41 582.36 149.28	29.86	.004	29.86	.13
P Δ 11 H () L () (= Y	1 (1) 4	/15(1)	/1 488 -) -/	u /5	7 4 7	71 7 T U	3 2/

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3,381.16

3,942.72

32,925.62

.00 \$

3.84

2.96

3.45

.00

28.78

42.19

91.38

50.55

.00 \$

369.95

104

37

78

89

0

PATHOLOGY

RADIOLOGY

@STATE HOSPITAL

CROSSOVERS/ALL OTH OUTPTNT

ROOM USE

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
LEV A-INTERMEDIATE	0	0	'	.00	'	.00	.000		.00	'	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	. 0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B TRANSTITIONAL IF CARE	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	Ś	.00	Ś	.00	.000	Ś	.00	Ċ	.00
ICF DDH	0	0	۲	.00	۲	.00	.000	ې	.00	Ą	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0				.00	.000				.00
, -	0	0	Ś	.00	Ċ			ċ	.00	ċ	
@HEMODIALYSIS TOTAL	0	0	Ş	.00	\$.00	.000	\$.00	Ş	.00
HOSPITAL BASED	0	•		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	U	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	92	274	\$	4,269.67	\$	15.58	.240	\$	46.41	\$	3.73
PATHOLOGY	92	274		4,269.67		15.58	.240		46.41		3.73
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	13	53	\$	2,607.69	\$	49.20		\$	200.59	\$	2.28
CLINIC	10	48		1,676.52		34.93	.042		167.65		1.47
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
HEROIN BEION CEINIC	•	•		.00		• 0 0	.000		. 0 0		
RURAL HEALTH CLINIC	3	5		931.17		186.23	.004		310.39		.81
	3	5	URES N		EPORT	186.23	.004	DEC	310.39	PA	
RURAL HEALTH CLINIC	3	5 ES AND EXPENDIT	URES N	931.17	EPORT	186.23	.004	DEC	310.39	PA	.81
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	3 MEDI-CAL SERVIC FEE-FOR-SERVICE	5 ES AND EXPENDIT /DENTAL		931.17		186.23 FOR JAN	.004	DEC	310.39	PA	.81 GE 9,852
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	3 MEDI-CAL SERVIC FEE-FOR-SERVICE	5 ES AND EXPENDIT /DENTAL		931.17 IONTH-OF-PAYMENT R		186.23 FOR JAN	.004		310.39 2004		.81 GE 9,852 03/14/05
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	3 MEDI-CAL SERVIC FEE-FOR-SERVICE	5 ES AND EXPENDIT /DENTAL	ALIEN	931.17 IONTH-OF-PAYMENT R	CODE	186.23 FOR JAN 55 58 5F	.004 2004 THRU	ONTE	310.39 2004	GE -	.81 GE 9,852 03/14/05
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY	3 MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV	5 ES AND EXPENDIT /DENTAL ICES FOR MI/MN	ALIEN CE	931.17 MONTH-OF-PAYMENT R	CODE AVE	186.23 FOR JAN 55 58 5F RAGE COST	.004 2004 THRU	ONTH S (310.39 2004 HLY AVERA	.GE -	.81 .GE 9,852 03/14/05
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY	3 MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV	5 ES AND EXPENDIT /DENTAL ICES FOR MI/MN UNITS OF SERVI	ALIEN CE	931.17 MONTH-OF-PAYMENT R	CODE AVE	186.23 FOR JAN 55 58 5F RAGE COST	.004 2004 THRU M UNITS/DAY	ONTI S (310.39 2004 HLY AVERA	GE - C E	.81 .GE 9,852 03/14/05
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 1,144 ELIGIBLES	3 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	5 ES AND EXPENDIT /DENTAL ICES FOR MI/MN UNITS OF SERVI OR DAYS OF CA	ALIEN CE RE	931.17 IONTH-OF-PAYMENT R WITHOUT SIS AID EXPENDITURES	CODE AVE PER	186.23 FOR JAN 55 58 5F RAGE COST UNIT/DAY	.004 2004 THRU M UNITS/DAY PER ELIG	ONTI S (310.39 2004 HLY AVERA COST PER USER 108.84 .00	GE - C E	.81 .GE 9,852 03/14/05 COST PER
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 1,144 ELIGIBLES @ALL OTHER PROVIDERS	3 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 26	5 ES AND EXPENDIT /DENTAL ICES FOR MI/MN UNITS OF SERVI OR DAYS OF CA 65	ALIEN CE RE	931.17 IONTH-OF-PAYMENT R WITHOUT SIS AID EXPENDITURES 2,829.81	CODE AVE PER	186.23 FOR JAN 55 58 5F RAGE COST UNIT/DAY 43.54	.004 2004 THRU M UNITS/DAY PER ELIG .057	ONTI S (310.39 2004 HLY AVERA COST PER USER 108.84	GE - C E	.81 .GE 9,852 03/14/05 COST PER LLIGIBLE 2.47
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 1,144 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	3 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 26 0	5 ES AND EXPENDIT /DENTAL ICES FOR MI/MN UNITS OF SERVI OR DAYS OF CA 65 0	ALIEN CE RE	931.17 IONTH-OF-PAYMENT R WITHOUT SIS AID EXPENDITURES 2,829.81 .00	CODE AVE PER	186.23 FOR JAN 55 58 5F RAGE COST UNIT/DAY 43.54 .00	.004 2004 THRU M UNITS/DAY PER ELIG .057 .000	ONTI S (310.39 2004 HLY AVERA COST PER USER 108.84 .00	GE - C E	.81 .GE 9,852 03/14/05 COST PER ELIGIBLE 2.47 .00
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 1,144 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	3 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 26 0 0	ES AND EXPENDIT /DENTAL ICES FOR MI/MN UNITS OF SERVI OR DAYS OF CA 65 0 0	ALIEN CE RE	931.17 IONTH-OF-PAYMENT R WITHOUT SIS AID EXPENDITURES 2,829.81 .00 .00	CODE AVE PER	186.23 FOR JAN 55 58 5F RAGE COST UNIT/DAY 43.54 .00 .00	.004 2004 THRU M UNITS/DAY PER ELIG .057 .000 .000	ONTI S (310.39 2004 HLY AVERA COST PER USER 108.84 .00 .00	GE - C E	.81 .8E 9,852 03/14/05 COST PER ELIGIBLE 2.47 .00 .00
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 1,144 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	3 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 26 0 0	ES AND EXPENDIT /DENTAL ICES FOR MI/MN UNITS OF SERVI OR DAYS OF CA 65 0 0	ALIEN CE RE	931.17 IONTH-OF-PAYMENT R WITHOUT SIS AID EXPENDITURES 2,829.81 .00 .00 .00	CODE AVE PER	186.23 FOR JAN 55 58 5F RAGE COST UNIT/DAY 43.54 .00 .00	.004 2004 THRU M UNITS/DAY PER ELIG .057 .000 .000	ONTI S (310.39 2004 HLY AVERA COST PER USER 108.84 .00 .00	GE - C E	.81 .8E 9,852 .03/14/05 .0ST PER .LIGIBLE 2.47 .00 .00
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 1,144 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	3 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 26 0 0	ES AND EXPENDIT /DENTAL ICES FOR MI/MN UNITS OF SERVI OR DAYS OF CA 65 0 0 0 40	ALIEN CE RE	931.17 IONTH-OF-PAYMENT R WITHOUT SIS AID EXPENDITURES 2,829.81 .00 .00 .00 .390.15	CODE AVE PER	186.23 FOR JAN 55 58 5F RAGE COST UNIT/DAY 43.54 .00 .00 .00 9.75	.004 2004 THRU M UNITS/DAY PER ELIG .057 .000 .000 .000	ONTI S (310.39 2004 HLY AVERA COST PER USER 108.84 .00 .00 .00	GE - C E	.81 .8E 9,852 03/14/05
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 1,144 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	3 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 26 0 0 0 0 3 3 3	ES AND EXPENDIT /DENTAL ICES FOR MI/MN UNITS OF SERVI OR DAYS OF CA 65 0 0 40 40	ALIEN CE RE	931.17 IONTH-OF-PAYMENT R WITHOUT SIS AID EXPENDITURES 2,829.81 .00 .00 .00 .390.15 .390.15	CODE AVE PER	186.23 FOR JAN 55 58 5F RAGE COST UNIT/DAY 43.54 .00 .00 .00 9.75 9.75	.004 2004 THRU M UNITS/DAY PER ELIG .057 .000 .000 .000	ONTI S (310.39 2004 HLY AVERA COST PER USER 108.84 .00 .00 .00 .130.05 130.05	GE - C E	.81 .8E 9,852 03/14/05
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 1,144 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	3 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 26 0 0 0 3 3 3 0	ES AND EXPENDIT /DENTAL ICES FOR MI/MN UNITS OF SERVI OR DAYS OF CA 65 0 0 40 40 40 0	ALIEN CE RE	931.17 MONTH-OF-PAYMENT R WITHOUT SIS AID EXPENDITURES 2,829.81 .00 .00 .00 .390.15 .390.15 .00	CODE AVE PER	186.23 FOR JAN 55 58 5F RAGE COST UNIT/DAY 43.54 .00 .00 .00 .00 9.75 9.75 .00	.004 2004 THRU M UNITS/DAY PER ELIG .057 .000 .000 .000 .035 .035	ONTI S (310.39 2004 HLY AVERA COST PER USER 108.84 .00 .00 .00 130.05 130.05	GE - C E	.81 .8E 9,852 03/14/05 .0ST PER LIGIBLE 2.47 .00 .00 .00 .34 .34
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 1,144 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	3 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 26 0 0 0 3 3 3 0 0	ES AND EXPENDIT /DENTAL ICES FOR MI/MN UNITS OF SERVI OR DAYS OF CA 65 0 0 40 40 40 0	ALIEN CE RE	931.17 MONTH-OF-PAYMENT R WITHOUT SIS AID EXPENDITURES 2,829.81 .00 .00 .00 .390.15 .390.15 .00 .00 .00 .00	CODE AVE PER	186.23 FOR JAN 55 58 5F RAGE COST UNIT/DAY 43.54 .00 .00 .00 9.75 9.75 .00 .00	.004 2004 THRU M UNITS/DAY PER ELIG .057 .000 .000 .000 .035 .035 .035 .000	ONTI S (310.39 2004 HLY AVERA COST PER USER 108.84 .00 .00 .130.05 130.05	GE - C E	.81 .GE 9,852 03/14/05 COST PER LIGIBLE 2.47 .00 .00 .34 .34 .00 .00
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 1,144 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 26 0 0 0 3 3 0 0 0 0 0	ES AND EXPENDIT /DENTAL ICES FOR MI/MN UNITS OF SERVI OR DAYS OF CA 65 0 0 40 40 40 0 0 0	ALIEN CE RE	931.17 MONTH-OF-PAYMENT R WITHOUT SIS AID EXPENDITURES 2,829.81 .00 .00 .00 .390.15 .390.15 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	CODE AVE PER	186.23 FOR JAN 55 58 5F RAGE COST UNIT/DAY 43.54 .00 .00 .00 9.75 9.75 .00 .00 .00 .00 .00	.004 2004 THRU M UNITS/DAY PER ELIG .057 .000 .000 .000 .035 .035 .035 .000 .000	ONTI S (310.39 2004 HLY AVERA COST PER USER 108.84 .00 .00 .30.05 130.05 130.05	GE - C E	.81 .GE 9,852 03/14/05 COST PER LIGIBLE 2.47 .00 .00 .34 .34 .00 .00
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 1,144 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 26 0 0 0 3 3 3 0 0 0 0 22	ES AND EXPENDIT /DENTAL ICES FOR MI/MN UNITS OF SERVI OR DAYS OF CA 65 0 0 40 40 40 0 0 0 23	ALIEN CE RE	931.17 MONTH-OF-PAYMENT R WITHOUT SIS AID EXPENDITURES 2,829.81 .00 .00 .00 .390.15 .390.15 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	CODE AVE PER	186.23 FOR JAN 55 58 5F RAGE COST UNIT/DAY 43.54 .00 .00 .00 9.75 9.75 .00 .00 .00 .00 .00 .00	.004 2004 THRU M UNITS/DAY PER ELIG .057 .000 .000 .000 .035 .035 .035 .000 .000	ONTI S (310.39 2004 HLY AVERA COST PER USER 108.84 .00 .00 .00 .130.05 130.05 .00 .00 .00	GE - C E	.81 .8E 9,852 03/14/05 .00 .00T PER .00 .00 .00 .34 .34 .00 .00 .00 .00 .00
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 1,144 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 26 0 0 0 3 3 0 0 0 0 0	ES AND EXPENDIT /DENTAL ICES FOR MI/MN UNITS OF SERVI OR DAYS OF CA 65 0 0 40 40 40 0 0 0	ALIEN CE RE	931.17 MONTH-OF-PAYMENT R WITHOUT SIS AID EXPENDITURES 2,829.81 .00 .00 .00 .390.15 .390.15 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	CODE AVE PER	186.23 FOR JAN 55 58 5F RAGE COST UNIT/DAY 43.54 .00 .00 .00 9.75 9.75 .00 .00 .00 .00 .00 .00 .00 .00 .00	.004 2004 THRU M UNITS/DAY PER ELIG .057 .000 .000 .005 .035 .035 .000 .000 .000	ONTI S (310.39 2004 HLY AVERA COST PER USER 108.84 .00 .00 .00 .130.05 130.05 .00 .00 .00	GE - C E	.81 .8E 9,852 03/14/05 .00 .00T PER .01 .00 .00 .00 .34 .34 .00 .00 .00 .00 .00 .00 .00
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 1,144 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 26 0 0 0 3 3 3 0 0 0 22 0 0 0	ES AND EXPENDIT /DENTAL ICES FOR MI/MN UNITS OF SERVI OR DAYS OF CA 65 0 0 40 40 40 0 0 23 0 0	ALIEN CE RE	931.17 MONTH-OF-PAYMENT R WITHOUT SIS AID EXPENDITURES 2,829.81 .00 .00 .00 .390.15 .390.15 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	CODE AVE PER	186.23 FOR JAN 55 58 5F RAGE COST UNIT/DAY 43.54 .00 .00 .00 9.75 9.75 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.004 2004 THRU M UNITS/DAY PER ELIG .057 .000 .000 .005 .035 .035 .000 .000 .000	ONTI S (310.39 2004 HLY AVERA COST PER USER 108.84 .00 .00 .00 .130.05 130.05 .00 .00 .00	GE - C E	.81 .8E 9,852 03/14/05 .00 .00T PER .ELIGIBLE 2.47 .00 .00 .34 .34 .00 .00 .00 .00 .00 .00
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 1,144 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 26 0 0 0 3 3 3 0 0 0 0 22 0	ES AND EXPENDIT /DENTAL ICES FOR MI/MN UNITS OF SERVI OR DAYS OF CA 65 0 0 40 40 40 0 0 23 0 0 0	ALIEN CE RE	931.17 MONTH-OF-PAYMENT R WITHOUT SIS AID EXPENDITURES 2,829.81 .00 .00 .00 .390.15 .390.15 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	CODE AVE PER	186.23 FOR JAN 55 58 5F RAGE COST UNIT/DAY 43.54 .00 .00 .00 9.75 9.75 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.004 2004 THRU M UNITS/DAY PER ELIG .057 .000 .000 .000 .035 .035 .000 .000 .000	ONTI S (310.39 2004 HLY AVERA COST PER USER 108.84 .00 .00 .30.05 130.05 .00 .00 .00 .00	GE - C E	.81 .8E 9,852 03/14/05 .03/14/05 .03/14/05 .03/14/05 .03/14/05 .00/100 .00/1
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 1,144 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 26 0 0 0 3 3 3 0 0 0 22 0 0 0	ES AND EXPENDIT /DENTAL ICES FOR MI/MN UNITS OF SERVI OR DAYS OF CA 65 0 0 40 40 40 0 23 0 0 0 0 0	ALIEN CE RE	931.17 MONTH-OF-PAYMENT R WITHOUT SIS AID EXPENDITURES 2,829.81 .00 .00 .00 .390.15 .390.15 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	CODE AVE PER	186.23 FOR JAN 55 58 5F RAGE COST UNIT/DAY 43.54 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.004 2004 THRU M UNITS/DAY PER ELIG .057 .000 .000 .035 .035 .000 .000 .000 .000	ONTI S (310.39 2004 HLY AVERA COST PER USER 108.84 .00 .00 .00 .130.05 130.05 .00 .00 .00 .00	GE - C E	.81 .8E 9,852 03/14/05
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 1,144 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 26 0 0 0 3 3 3 0 0 0 22 0 0 0	ES AND EXPENDIT /DENTAL ICES FOR MI/MN UNITS OF SERVI OR DAYS OF CA 65 0 0 40 40 40 0 0 23 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ALIEN CE RE	931.17 MONTH-OF-PAYMENT R WITHOUT SIS AID EXPENDITURES 2,829.81 .00 .00 .00 .390.15 .390.15 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	CODE AVE PER	186.23 FOR JAN 55 58 5F RAGE COST UNIT/DAY 43.54 .00 .00 .00 9.75 9.75 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.004 2004 THRU M UNITS/DAY PER ELIG .057 .000 .000 .035 .035 .000 .000 .000 .000	ONTI S (310.39 2004 HLY AVERA COST PER USER 108.84 .00 .00 .00 .130.05 130.05 .00 .00 .00 .00	GE - C E	.81 .8E 9,852 03/14/05
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 1,144 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 26 0 0 0 0 0 0 22 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDIT /DENTAL ICES FOR MI/MN UNITS OF SERVI OR DAYS OF CA 65 0 0 40 40 40 0 23 0 0 0 0 0	ALIEN CE RE	931.17 MONTH-OF-PAYMENT R WITHOUT SIS AID EXPENDITURES 2,829.81 .00 .00 .00 .390.15 .390.15 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	CODE AVE PER	186.23 FOR JAN 55 58 5F RAGE COST UNIT/DAY 43.54 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.004 2004 THRU M UNITS/DAY PER ELIG .057 .000 .000 .035 .035 .000 .000 .000 .000	ONTI S (310.39 2004 HLY AVERA COST PER USER 108.84 .00 .00 .00 .130.05 130.05 .00 .00 .00 .00 .00	GE - C E	.81 .8E 9,852 03/14/05
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 1,144 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 26 0 0 0 3 3 3 0 0 0 22 0 0 0	ES AND EXPENDIT /DENTAL ICES FOR MI/MN UNITS OF SERVI OR DAYS OF CA 65 0 0 40 40 40 0 0 23 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ALIEN CE RE	931.17 MONTH-OF-PAYMENT R WITHOUT SIS AID EXPENDITURES 2,829.81 .00 .00 .00 .390.15 .390.15 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	CODE AVE PER	186.23 FOR JAN 55 58 5F RAGE COST UNIT/DAY 43.54 .00 .00 .00 9.75 9.75 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.004 2004 THRU M UNITS/DAY PER ELIG .057 .000 .000 .035 .035 .000 .000 .000 .000	ONTI S (310.39 2004 HLY AVERA COST PER USER 108.84 .00 .00 .00 .130.05 130.05 .00 .00 .00 .00	GE - C E	.81 .8E 9,852 03/14/05

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SPEECH AND AUDIOLOGY

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LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	2	24.66	12.33	.002	24.66	.02
@CALIF. CHILDREN SERVICES*	7	67	\$ 28,236.17	\$ 421.44	.059	\$ 4033.74	\$ 24.68
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,853
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

The color of the
CT DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE
@TOTAL, ALL PROVIDERS 77 418 \$ 26,669.63 \$ 63.80 5.359 \$ 346.36 \$ 341.92 @PHYSICIANS SERVICES 42 115 \$ 7,797.58 \$ 67.81 1.474 \$ 185.66 \$ 99.97 OUTPATIENT VISITS 24 31 1,418.48 45.76 .397 59.10 18.19 OFFICE VISITS 22 28 1,221.20 43.61 .359 55.51 15.66 HOME VISITS 0 0 .00 .00 .00 .00 .00 EMERGENCY ROOM 3 3 197.28 65.76 .038 65.76 2.53 PREVENTIVE CARE 0 0 .00 .00 .00 .00 .00 .00 OB VISITS/COMPRE PERI 0 0 .00 .00 .00 .00 .00 .00 .00 .00
@PHYSICIANS SERVICES 42 115 \$ 7,797.58 \$ 67.81 1.474 \$ 185.66 \$ 99.97 OUTPATIENT VISITS 24 31 1,418.48 45.76 .397 59.10 18.19 OFFICE VISITS 22 28 1,221.20 43.61 .359 55.51 15.66 HOME VISITS 0 0 .00 .00 .00 .00 .00 EMERGENCY ROOM 3 3 197.28 65.76 .038 65.76 2.53 PREVENTIVE CARE 0 0 .00 .00 .00 .00 .00 OB VISITS/COMPRE PERI 0 0 .00 .00 .00 .00 .00 .00
OUTPATIENT VISITS 24 31 1,418.48 45.76 .397 59.10 18.19 OFFICE VISITS 22 28 1,221.20 43.61 .359 55.51 15.66 HOME VISITS 0 0 .00 .00 .00 .00 .00 .00 .00 EMERGENCY ROOM 3 3 197.28 65.76 .038 65.76 2.53 PREVENTIVE CARE 0 0 .00 .00 .00 .00 .00 .00 OB VISITS/COMPRE PERI 0 0 .00 .00 .00 .00 .00 .00
OFFICE VISITS 22 28 1,221.20 43.61 .359 55.51 15.66 HOME VISITS 0 0 0 .00 .00 .00 .00 .00 EMERGENCY ROOM 3 3 197.28 65.76 .038 65.76 2.53 PREVENTIVE CARE 0 0 0 .00 .00 .00 .00 .00 OB VISITS/COMPRE PERI 0 0 0 .00 .00 .00 .00 .00
HOME VISITS 0 0 .00 <
EMERGENCY ROOM 3 3 197.28 65.76 .038 65.76 2.53 PREVENTIVE CARE 0 0 .00 .00 .00 .00 .00 .00 OB VISITS/COMPRE PERI 0 0 .00 .00 .00 .00 .00 .00
PREVENTIVE CARE 0 0 .00 .00 .00 .00 .00 OB VISITS/COMPRE PERI 0 0 .00
OB VISITS/COMPRE PERI 0 0 .00 .00 .00 .00 .00
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OTHER OUTPATIENT 0 0 0 .00 .00 .00 .00 .00 .00
INPATIENT VISITS 0 0 .00 .00 .00 .00 .00 .00
HOSPITAL VISITS 0 0 .00 .00 .00 .00 .00 .00 .00
CRITICAL CARE 0 0 0 .00 .00 .00 .00 .00 .00
SNF/ICF/TRANS IP CARE 0 0 0 .00 .00 .00 .00 .00 .00
OPHTHALMOLOGICAL SERVICES 4 5 203.60 40.72 .064 50.90 2.61
EXAMINATIONS 4 5 203.60 40.72 .064 50.90 2.61
SERVICES AND MATERIALS 0 0 0 .00 .00 .00 .00 .00 .00
INPATIENT HOSPITAL SURGERY 1 7 224.73 32.10 .090 224.73 2.88
PRINCIPAL SURGEON 0 0 .00 .00 .00 .00 .00 .00
ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 .00
ANESTHESIOLOGIST 1 7 224.73 32.10 .090 224.73 2.88
OUTPATIENT SURGERY 8 17 3,235.30 190.31 .218 404.41 41.48
PRINCIPAL SURGEON 5 6 2,891.36 481.89 .077 578.27 37.07
ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 .00
ANESTHESIOLOGIST 3 11 343.94 31.27 .141 114.65 4.41
DIALYSIS 0 0 .00 .00 .00 .00 .00 .00
PATHOLOGY 5 5 43.66 8.73 .064 8.73 .56
RADIOLOGY 11 18 1,531.27 85.07 .231 139.21 19.63
PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00
IMMUNIZATION AND INJECTION 0 0 .00 .00 .00 .00 .00 .00
OTHER SERVICES/ALL X-OVERS 5 32 1,140.54 35.64 .410 228.11 14.62
@PHARMACY 31 98 \$ 5,177.16 \$ 52.83 1.256 \$ 167.01 \$ 66.37
PRESCRIPTION DRUGS 30 96 5,111.36 53.24 1.231 170.38 65.53
SNF/ICF 0 0 .00 .00 .00 .00 .00 .00
OUTPATIENTS 30 96 5,111.36 53.24 1.231 170.38 65.53
MEDICAL SUPPLIES 1 2 65.80 32.90 .026 65.80 .84
@DENTIST 12 33 \$ 1,937.15 \$ 58.70 .423 \$ 161.43 \$ 24.84
VISITS - DIAGNOSTIC 8 21 542.50 25.83 .269 67.81 6.96
ORAL SURGERY 2 2 170.00 85.00 .026 85.00 2.18
DRUGS 0 0 .00 .00 .00 .00 .00 .00
ANESTHESIA 0 0 .00 .00 .00 .00 .00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	3	920.00	306.67	.038	920.00	11.79
RESTORATIVE DENTISTRY	4	7	304.65	43.52	.090	76.16	3.91
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	O EXPENDITURE:	MONTH-OF-PAYMENT E	REPORT FOR JAN	2004 THRU DE	C 2004	PAGE 9,854
MOP024	FEE-FOR-SERVICE/DENTA	$^{ m L}$					03/14/05
PLACER COUNTY	SUMMARY OF SERVICES E	FOR REFUGEES	AID	CODES 01 02 08	0A		
					DAC DT	MILLA VILLE	CE
					===== MON	THLY AVERA	GE
78 ELIGIBLES	USERS UNITS	S OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
78 ELIGIBLES		DAYS OF CARE		PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
78 ELIGIBLES			423.78		UNITS/DAYS	COST PER USER	COST PER ELIGIBLE
		DAYS OF CARE	3 423.78 189.80	PER UNIT/DAY	UNITS/DAYS PER ELIG .231 \$.051	COST PER USER 84.76 47.45	COST PER ELIGIBLE
@OPTOMETRIST		DAYS OF CARE	423.78	PER UNIT/DAY \$ 23.54	UNITS/DAYS PER ELIG .231 \$	COST PER USER 84.76	COST PER ELIGIBLE \$ 5.43 2.43 3.00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED		DAYS OF CARE 18 4	3 423.78 189.80	PER UNIT/DAY \$ 23.54 47.45	UNITS/DAYS PER ELIG .231 \$.051	COST PER USER 84.76 47.45	COST PER ELIGIBLE \$ 5.43 2.43
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES		DAYS OF CARE 18 4	423.78 189.80 233.98 .00	PER UNIT/DAY \$ 23.54 47.45 16.71	UNITS/DAYS PER ELIG .231 \$.051 .179	COST PER USER 84.76 47.45 46.80 .00	COST PER ELIGIBLE \$ 5.43 2.43 3.00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES		DAYS OF CARE 18 4 14 0	423.78 189.80 233.98 .00	PER UNIT/DAY \$ 23.54 47.45 16.71 .00	UNITS/DAYS PER ELIG	COST PER USER 84.76 47.45 46.80 .00 .00	COST PER ELIGIBLE \$ 5.43 2.43 3.00 .00 \$.00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES		DAYS OF CARE 18 4 14 0 0 0 0	423.78 189.80 233.98 .00 .00 .00	PER UNIT/DAY \$ 23.54 47.45 16.71 .00 \$.00 .00 .00	UNITS/DAYS PER ELIG .231 \$.051 .179 .000 .000 \$.000	COST PER USER 84.76 47.45 46.80 .00 .00	COST PER ELIGIBLE \$ 5.43 2.43 3.00 .00 \$.00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST		DAYS OF CARE 18 4 14 0	3 423.78 189.80 233.98 .00 .00 .00 .00	PER UNIT/DAY \$ 23.54 47.45 16.71 .00 \$.00 .00 .00 \$ 40.60	UNITS/DAYS PER ELIG .231 \$.051 .179 .000 .000 \$.000 .000 .000 .026 \$	COST PER USER 84.76 47.45 46.80 .00 .00 .00	COST PER ELIGIBLE \$ 5.43 2.43 3.00 .00 \$.00 .00 \$.00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS		DAYS OF CARE 18 4 14 0 0 0 0	3 423.78 189.80 233.98 .00 .00 .00 .00 .00 .5 81.20 57.20	PER UNIT/DAY \$ 23.54 47.45 16.71 .00 \$.00 .00 .00 \$ 40.60 57.20	UNITS/DAYS PER ELIG .231 \$.051 .179 .000 .000 \$.000 .000 .000 .006 \$.013	COST PER USER 84.76 47.45 46.80 .00 .00 .00 .00 .00 .57.20	COST PER ELIGIBLE \$ 5.43 2.43 3.00 .00 \$.00 .00 .00 \$ 1.04 .73
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST		DAYS OF CARE 18 4 14 0 0 0 0	3 423.78 189.80 233.98 .00 .00 .00 .00	PER UNIT/DAY \$ 23.54 47.45 16.71 .00 \$.00 .00 .00 \$ 40.60	UNITS/DAYS PER ELIG .231 \$.051 .179 .000 .000 \$.000 .000 .000 .026 \$	COST PER USER 84.76 47.45 46.80 .00 .00 .00	COST PER ELIGIBLE \$ 5.43 2.43 3.00 .00 \$.00 .00 \$.00

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OTHER

@HOME HEALTH AGENCY

NURSE ANESTHESIST

PEDIATRIC NURSE PRACTITIONER

NURSE MIDWIFE

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FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	6	25	\$	7,766.75	\$	310.67	.321	\$	1294.46	\$	99.57
HOSP INPATIENT TOTAL	2	6		7,110.00		1185.00	.077		3555.00		91.15
HSC HOSPITALS	2	6		7,110.00		1185.00	.077		3555.00		91.15
NON-HSC HOSPITAL TOTAL	_	Û		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
	0	0									
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	U	U		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	4	19		656.75		34.57	.244		164.19		8.42
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	1	1		100.60		100.60	.013		100.60		1.29
PATHOLOGY	3	8		90.32		11.29	.103		30.11		1.16
RADIOLOGY	1	1		58.22		58.22	.013		58.22		.75
ROOM USE	2	4		262.59		65.65	.051		131.30		3.37
CROSSOVERS/ALL OTH OUTPTNT	2	5		145.02		29.00	.064		72.51		1.86
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0	0	٧	.00	Y	.00	.000	Y	.00	Y	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
	0	0									
NON-HSC HOSPITALS TOTAL	U	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	U	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
		CES AND EXPENDITURE	TO MO							г	PAGE 9,855
#CALIF DEPT OF HEALTH SERV			TO MOI	NIH-OF-PAIMENI RI	EPUR	I FOR JAN 2	2004 IRO .		2004	P	
MOP024	FEE-FOR-SERVICE		~	7.70	CODE	01 00 00	0.7				03/14/05
PLACER COUNTY	SUMMARY OF SERV	JICES FOR REFUGEES	5	AID	CODE	5 01 02 08		_ N.T.IT	1111 V 71707	CE	
70 81 1618186	HODDO	INTEG OF SERVICE			7.7.7				HLY AVERA		
78 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		5			COST PER
		OR DAYS OF CARE	_			R UNIT/DAY		_	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6	25	\$	7 , 766.75	\$			Ş	1294.46	Ş	99.57
COMM HOSP INPATIENT TOTAL	2	6		7,110.00		1185.00	.077		3555.00		91.15
HSC HOSPITALS	2	6		7,110.00		1185.00	.077		3555.00		91.15
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	4	19		656.75		34.57	.244		164.19		8.42
MEDICAL	0	0		.00		.00	.000		.00		.00
MEDICAL	U	U		.00		.00	.000		.00		.00

SURGERY	1	1		100.60		100.60	.013		100.60		1.29
PATHOLOGY	3	8		90.32		11.29	.103		30.11		1.16
RADIOLOGY	1	1		58.22		58.22	.013		58.22		.75
ROOM USE	2	4		262.59		65.65	.051		131.30		3.37
CROSSOVERS/ALL OTH OUTPTNT	2	5		145.02		29.00	.064		72.51		1.86
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	·	.00	.000		.00	·	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00		\$.00	Ś	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00		\$.00	Ś	.00
HOSPITAL BASED	0	0	Τ	.00	Ψ	.00	.000	Τ.	.00	т	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	13	86	\$	902.91	Ś	10.50		\$	69.45	Ś	11.58
PATHOLOGY	13	86	Τ	902.91	Ψ	10.50	1.103	Τ.	69.45	т	11.58
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	13	30	\$	2,448.68	\$	81.62		\$	188.36	Ś	31.39
CLINIC	0	0	Τ	.00	Ψ	.00	.000	Τ.	.00	т	.00
SURGICENTER	6	23		1,131.14		49.18	.295		188.52		14.50
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	7	7		1,317.54		188.22	.090		188.22		16.89
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		RES M		EPORT)F.C		P	AGE 9,856
MOP024	FEE-FOR-SERVICE/DEN				DI OIKI	TOIL OILL	2001 111110 1		2001	-	03/14/05
PLACER COUNTY	SUMMARY OF SERVICES		ī.S	AID (CODES	01 02 08	ΛΛ				03/11/03
THIGH COOMIT		TOTAL TABLE CODE		1112	CODED	01 02 00	MC	ITNC	HLY AVERA	GE	
78 ELIGIBLES	USERS UNI	TS OF SERVICE	Ξ	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS				COST PER
		DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	5	11	\$	134.42	\$	12.22	.141	\$	26.88		1.72
DURABLE MED. EQUIP.	0	0		.00	·	.00	.000		.00	·	.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERADIST	0	0		.00		.00	.000		.00		.00

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OCCUPATIONAL THERAPIST

PROSTHETIST/ORTHOTISTS

PHYSICAL THERAPIST

PORTABLE X-RAY

OPTICIAN

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,857

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

					MON	THLY AVERAG	E
327 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	352	4,237 \$	338,183.97	\$ 79.82	12.957 \$	960.75	\$ 1034.20
@PHYSICIANS SERVICES	214	1,802 \$	78,636.99	\$ 43.64	5.511 \$	367.46	\$ 240.48
OUTPATIENT VISITS	144	224	7,506.09	33.51	.685	52.13	22.95
OFFICE VISITS	123	188	5,734.28	30.50	.575		17.54
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	19	22	1,485.65	67.53	.067	78.19	4.54
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	13	14	286.16	20.44	.043	22.01	.88
INPATIENT VISITS	10	92	4,302.74	46.77	.281	430.27	13.16
HOSPITAL VISITS	10	92	4,302.74	46.77	.281	430.27	13.16
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	13	59	4,765.25	80.77	.180	366.56	14.57
PRINCIPAL SURGEON	6	8	3,423.71	427.96	.024	570.62	10.47
ASSISTANT SURGEON	2	2	329.86	164.93	.006	164.93	1.01
ANESTHESIOLOGIST	6	49	1,011.68	20.65	.150	168.61	3.09
OUTPATIENT SURGERY	26	68	6 , 076.80	89.36	.208	233.72	18.58
PRINCIPAL SURGEON	23	29	5,084.28	175.32	.089	221.06	15.55
ASSISTANT SURGEON	1	1	107.22	107.22	.003	107.22	.33
ANESTHESIOLOGIST	7	38	885.30	23.30	.116	126.47	2.71
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	29	73		15.93	.223	40.11	3.56
RADIOLOGY	83	318	30,229.86	95.06	.972	364.22	92.45
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	14	815	20,734.82	25.44	2.492	1481.06	63.41
OTHER SERVICES/ALL X-OVERS	48	153	3,858.21		.468	80.38	11.80
@PHARMACY	230	1,001 \$	117,624.64	\$ 117.51	3.061 \$	511.41	\$ 359.71
PRESCRIPTION DRUGS	229	852	116,877.42	137.18			357.42
SNF/ICF	0	0	.00		.000		.00
OUTPATIENTS	229	852	116,877.42	137.18	2.606	510.38	357.42

MEDICAL SUPPLIES	10		149		747.22		5.01	. 45	6	74.72		2.29
@DENTIST	11		37	Ś	1,332.90				3 :		Ś	4.08
VISITS - DIAGNOSTIC	5		26	Υ	487.90		18.77	.08		97.58	٧	1.49
ORAL SURGERY	0		0		.00		.00	.00		.00		.00
DRUGS	0		0		.00		.00	.00		.00		.00
ANESTHESIA	0		0		.00		.00	.00		.00		.00
PERIODONTICS	1		1		118.00		118.00	.00		118.00		.36
ENDODONTICS ENDODONTICS	2		2		330.00		165.00	.00		165.00		1.01
RESTORATIVE DENTISTRY	3		Δ		178.00		44.50	.00		59.33		.54
PROSTHETICS	0		4		.00		.00	.00		.00		.00
DENTURES, STAYPLATES	1		0		219.00		54.75	.00		219.00		.67
•	0		0		219.00		.00	.00		.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.00		.00		.00
MAXILLOFACIAL SERVICES	0		0									
FRACTURES, DISLOCATIONS	0		0		.00		.00	.00		.00		.00
ORTHODONTIC SERVICES	•		•		.00		.00	.00		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.00		.00	_	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC		PENDITURE	ES MON'I	'H-OF'-PAYMEN'I'	REPO.	RT FOR JAN	2004 THE	ום ט	EC 2004	F	PAGE 9,858
MOP024	FEE-FOR-SERVICE						~~~~ ^	0.0				03/14/05
PLACER COUNTY	SUMMARY OF SERV	ICES FOR	BCCTP-FE	EDERAL		AID (CODES UM UN		1401		C.E.	
227 ELICIDIES	HOEDO	IINITEC OF	CEDUTCE		EXPENDIMINE	. 70.7	TEDACE COCH			NTHLY AVERA	-	
327 ELIGIBLES	USERS		SERVICE OF CARE		EXPENDITURES		VERAGE COST ER UNIT/DAY			USER		COST PER ELIGIBLE
OODEOMEEDTOE	4	OR DAIS	15	Ċ	334.26		- ,		-			_
@OPTOMETRIST	3		3	\$	142.35		47.45	.00	6	47.45	Þ	1.02
DIAGNOSTIC AND ANC. PROCED	4		12							47.45		•
EYE APPLIANCES	0		0		191.91		15.99	.03				.59
OTHER OPTOMETRIC SERVICES	0		0	Ś	.00		.00	.00		.00	ć	.00
@CHIROPRACTOR	0		•	Ş	.00				0 :		Ş	.00
VISITS	0		0		.00		.00	.00		.00		.00
OTHER SERVICES	_		0		.00		.00	.00		.00		.00
@PODIATRIST	0		0	\$.00				0 :	•	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.00		.00		.00
SURGERY/ANES.	0		0		.00		.00	.00		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.00		.00		.00
OTHER	9		0		.00		.00	.00		.00		.00
@HOME HEALTH AGENCY	6 0		25	Ş	1,809.22				6	•		5.53
NURSE ANESTHESIST	0		0	\$.00				0 :		\$.00
NURSE MIDWIFE	0		0	\$.00		.00		0 :	•	\$.00
PEDIATRIC NURSE PRACTITIONER			0	\$.00		.00		0 :	•	\$.00
FAMILY NURSE PRACTITIONER	0		0	Ş	.00				0	•	\$.00
@TOTAL HOSPITAL	100		1,002	\$	119,471.96		119.23	3.06			\$	365.36
HOSP INPATIENT TOTAL	10		66		81,747.88		1238.60	.20		8174.79		249.99
HSC HOSPITALS	9		61		73 , 859.00		1210.80	.18		8206.56		225.87
NON-HSC HOSPITAL TOTAL	1		5		7,888.88	1	1577.78 641.70	.01		7888.88		24.13
ACCOMMODATIONS	1		5		3,208.50			.01		3208.50		9.81
ADMINISTRATIVE DAYS	0		0		.00		.00	.00		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.00		.00		.00
ALL OTHER ACCOM	1		5		3,208.50	1	641.70	.01		3208.50		9.81
ANCILLARIES	1		0		4,680.38		.00	.00		4680.38		14.31
TAIDAMTHAIM ODOGGOIJHDO	^		^		0.0		0.0	0.0	^	0.0		0.0

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3.14

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10.11

33.39

8.94

115.36

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96

21

10

51

34

53

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

CROSSOVERS/ALL OTH OUTPTNT	28	284		18,582.09		65.43	.869	663.65		56.83
@COUNTY HOSPITAL TOTAL	0	0 \$	5	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONT	H-OF-PAYMENT RE	EPORT	FOR JAN 2	2004 THRU DI	EC 2004	PAG	GE 9,859
MOP024	FEE-FOR-SERVICE/DEN	ITAL								03/14/05
PLACER COUNTY	SUMMARY OF SERVICES	FOR BCCTP-FEI	DERAL	A.	ID CO	DES OM ON	0 P			
							MO1	NTHLY AVERA	GE -	
327 ELIGIBLES	USERS UNI	TS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER	C	OST PER
	OF	R DAYS OF CARE			PER	UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	100	1,002	5	119,471.96	\$	119.23	3.064	\$ 1194.72	\$	365.36
COMM HOSP INPATIENT TOTAL	10	66		81,747.88		1238.60	.202	8174.79		249.99
HSC HOSPITALS	9	61		73,859.00		1210.80	.187	8206.56		225.87
NON-HSC HOSPITALS TOTAL	1	5		7,888.88		1577.78	.015	7888.88		24.13
ACCOMMODATIONS	1	5		3,208.50		641.70	.015	3208.50		9.81
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00

ALL OTHER ACCOM	1	5		3,208.50		641.70	.015		3208.50		9.81
ANCILLARIES	1	0		4,680.38		.00	.000		4680.38		14.31
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	96	936		.00 37,724.08		40.30	2.862		392.96		115.36
MEDICAL	21	23		1,027.24		44.66	.070		48.92		3.14
SURGERY	10 51	13		965.82		74.29	.040		96.58		2.95
PATHOLOGY	51	433		3,306.98		7.64	1.324		64.84		10.11
RADIOLOGY	34 53	109		10,919.90		100.18	.333		321.17		33.39
ROOM USE	53	74		2,922.05		39.49	.226		55.13		8.94
CROSSOVERS/ALL OTH OUTPTNT		284		18,582.09		65.43	.869		663.65		56.83
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	_	.00	_	.00	.000	_	.00	_	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	Ć	.00	Ċ	.00	.000	ć	.00	Ċ	.00
@REHABILITATION FACILITY	0	-	\$.00	\$.00	.000	\$.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0 68	0	Ć	.00	Ċ	.00	.000	ć	.00	Ċ	.00
@LABORATORY FACILITY	68	206	\$	3,478.95	\$	16.89	.630	Þ	51.16	Ş	10.64
PATHOLOGY	08	206 0		3,478.95		16.89 .00	.630		51.16		10.64
XO AND OTHERS	56	90	\$.00	Ċ		.000	ċ	.00	ċ	
@ORGANIZED OUTPATIENT CLINIC CLINIC	56 7	18	ş	14,287.14 529.58	\$	158.75 29.42	.275	Þ	255.13 75.65	Ş	43.69 1.62
SURGICENTER	0	10		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	49	72		13,757.56		191.08	.220		280.77		42.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		IDEC MONI		₽D∩DͲ			DEC		D7	AGE 9,860
MOP024	FEE-FOR-SERVICE/D		TRES FION.	III OF TAIMENT IX	DI OIVI	FOR OAN	2004 11110	DEC	2004	LI	03/14/05
PLACER COUNTY	SUMMARY OF SERVICE		-FFDFBAI.	А	TD CO	DES OM ON	ΛÞ				03/14/03
THACHN COONTI	SOMMAN OF SERVICE	ES FOR DCCII	FEDERAL	A	ID CO	DES ON ON	M	ONTI	HLY AVERA	GE -	
327 ELIGIBLES	USERS U	NITS OF SERVIC	CE	EXPENDITURES	AVE.	RAGE COST	UNITS/DAY			-	COST PER
327 111011110		OR DAYS OF CAR		EMILINDITIONED			PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	16		\$	1,207.91	\$.180		75.49		3.69
	1	2			-		.006				
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	7	45		631.01		14.02	.138		90.14		1.93
AMBULANCES/AIR TRANS	7	44		621.13		14.12	.135		88.73		1.90
OTHER TRANS	Ô	0		.00		.00	.000		.00		.00
OTHER SERVICES	1	1		9.88		9.88	.003		9.88		.03
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
	· ·	9		• • • •		• • •	.000		• • • •		• • • •

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	8	85.44	10.68	.024	21.36	.26
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	3	356.42	118.81	.009	118.81	1.09
PROSTHETICS	3	3	356.42	118.81	.009	118.81	1.09
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	8.01	8.01	.003	8.01	.02
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	6	22	\$ 159.23	\$ 7.24	.067	\$ 26.54	\$.49

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,861 03/14/05

PLACER COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV

I HACER COUNTI	DOMMANT OF DER	VICES FOR DECIL 5.	LAID O	NIII AID	CODES ON OI OC			
						MON		
37 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	, -	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	41	610	\$	16,359.57	\$ 26.82	16.486 \$	399.01	\$ 442.15
@PHYSICIANS SERVICES	13	516	\$	10,006.80	\$ 19.39	13.946 \$	769.75	\$ 270.45
OUTPATIENT VISITS	6	14		576.05	41.15	.378	96.01	15.57
OFFICE VISITS	6	13		507.70	39.05	.351	84.62	13.72
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1		68.35	68.35	.027	68.35	1.85
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	16		581.96	36.37	.432	193.99	15.73
PRINCIPAL SURGEON	1	1		257.91	257.91	.027	257.91	6.97
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	15		324.05	21.60	.405	162.03	8.76
OUTPATIENT SURGERY	4	7		359.78	51.40	.189	89.95	9.72
PRINCIPAL SURGEON	3	3		265.77	88.59	.081	88.59	7.18
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	4		94.01	23.50	.108	94.01	2.54
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	8	49		437.38	8.93	1.324	54.67	11.82
RADIOLOGY	6	43		2,277.28	52.96	1.162	379.55	61.55
PSYCHIATRY	0	0		.00	.00	.000	.00	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	3	349		5,353.42		15.34	9.432		1784.47		144.69	
OTHER SERVICES/ALL X-OVERS	4	38		420.93		11.08	1.027		105.23		11.38	
@PHARMACY	24	50	\$	3,475.72	\$	69.51	1.351	\$	144.82	\$	93.94	
PRESCRIPTION DRUGS	24	50		3,475.72		69.51	1.351		144.82		93.94	
SNF/ICF	0	0		.00		.00	.000		.00		.00	
OUTPATIENTS	24	50		3,475.72		69.51	1.351		144.82		93.94	
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00	
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00	
ORAL SURGERY	0	0		.00		.00	.000		.00		.00	
DRUGS	0	0		.00		.00	.000		.00		.00	
ANESTHESIA	0	0		.00		.00	.000		.00		.00	
PERIODONTICS	0	0		.00		.00	.000		.00		.00	
ENDODONTICS	0	0		.00		.00	.000		.00		.00	
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00	
PROSTHETICS	0	0		.00		.00	.000		.00		.00	
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00	
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		ES I	MONTH-OF-PAYMENT RI	EPOR'	r for Jan 2	2004 THRU	DEC	2004	PAG	E 9,862	

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

PLACER COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV

I DACEN COONII	DOMINANT OF DELIV	ICES FOR D	CCII	DIAIL	ONLI	D COD	15 OK 01 00	0 0				
								MC	TNC	HLY AVERA	GΕ	
37 ELIGIBLES	USERS	UNITS OF S	ERVIC	CE	EXPENDITURE:	s A	VERAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS O	F CAR	RE		P	ER UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.0	0 \$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.0	0	.00	.000		.00		.00
EYE APPLIANCES	0		0		.0	0	.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.0	0	.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.0	0 \$.00	.000	\$.00	\$.00
VISITS	0		0		.0	0	.00	.000		.00		.00
OTHER SERVICES	0		0		.0	0	.00	.000		.00		.00
@PODIATRIST	0		0	\$.0	0 \$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.0		.00	.000		.00		.00
SURGERY/ANES.	0		0		.0	0	.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.0	0	.00	.000		.00		.00
OTHER	0		0		.0	0	.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.0	0 \$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.0	0 \$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.0	0 \$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0		0	\$.0	0 \$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.0		.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	6		22	\$	1,591.1	5 \$	72.33	.595	\$	265.19	\$	43.00
HOSP INPATIENT TOTAL	0		0		.0	0	.00	.000		.00		.00
HSC HOSPITALS	0		0		.0		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.0		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.0		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.0		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.0		.00	.000		.00		.00
ANCILLARIES	0		0		.0		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.0		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.0	0	.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	6	22		1,591.15	72.3	3 .595	265.19		43.00
MEDICAL	0	0		.00	.0	0.000	.00		.00
SURGERY	1	1		76.35	76.3	5 .027	76.35		2.06
PATHOLOGY	3	10		105.24	10.5	2 .270	35.08		2.84
RADIOLOGY	4	6		1,265.31	210.8	9 .162	316.33		34.20
ROOM USE	3	3		102.30	34.1	0 .081	34.10		2.76
CROSSOVERS/ALL OTH OUTPTNT	1	2		41.95	20.9	8 .054	41.95		1.13
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.0	0.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.0	0.000	.00		.00
HSC HOSPITALS	0	0		.00	.0	0.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.0	0.000	.00		.00
ACCOMMODATIONS	0	0		.00	.0	0.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.0	0.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.0	0.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.0	0.000	.00		.00
ANCILLARIES	0	0		.00	.0	0.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.0	0.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.0	0.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.0	0.000	.00		.00
MEDICAL	0	0		.00	.0	0 .000	.00		.00
SURGERY	0	0		.00	.0	0.000	.00		.00
PATHOLOGY	0	0		.00	.0	0 .000	.00		.00
RADIOLOGY	0	0		.00	.0	0.000	.00		.00
ROOM USE	0	0		.00	.0	0 .000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.0	0 .000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUR	RES MONTH-C	F-PAYMENT RE	PORT FOR J	AN 2004 THRU	DEC 2004	PA	AGE 9,863
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR	BCCTP-S	STATE-ONLY	AID C	ODES OR OT	VO UO			

PLACER COUNTI	SOMMAKI OF SEKV	LCES FOR	DCCIF-2	IAIE-ON.	TI AID	CODE	0 0 0 0 0 0	0 0				
								MO	HTMC	LY AVERA	.GE	
37 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	S C	OST PER		COST PER
		OR DAYS	OF CARE			PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6		22	\$	1,591.15	\$	72.33	.595	\$	265.19	\$	43.00
COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	6		22		1,591.15		72.33	.595		265.19		43.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	1		1		76.35		76.35	.027		76.35		2.06
PATHOLOGY	3		10		105.24		10.52	.270		35.08		2.84
RADIOLOGY	4		6		1,265.31		210.89	.162		316.33		34.20
ROOM USE	3		3		102.30		34.10	.081		34.10		2.76
CROSSOVERS/ALL OTH OUTPTNT	1		2		41.95		20.98	.054		41.95		1.13
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0 \$	5	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0 \$	5	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0 \$	5	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4	9 \$	5	278.09	\$	30.90	.243	\$	69.52	\$	7.52
PATHOLOGY	4	9		278.09		30.90	.243		69.52		7.52
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	3	6 \$	3	950.40	\$	158.40	.162	\$	316.80	\$	25.69
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3	6		950.40		158.40	.162		316.80		25.69
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-P	AYMENT F	REPORT	FOR JAN 2	2004 THRU	DEC	2004	PΙ	AGE 9,864
MOP024	FEE-FOR-SERVICE/DENTAI	J									03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FO	OR BCCTP-STA	ATE-ONLY	AID	CODES	OR OT OU	0V				
							M	IONT:	HLY AVERA	GE -	
37 ELIGIBLES	USERS UNITS	OF SERVICE	EXPEN	DITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	(COST PER
	OR DA	AYS OF CARE			PER	UNIT/DAY	PER ELIG	÷	USER	I	ELIGIBLE
@ALL OTHER PROVIDERS	3	7 \$	5	57.41	\$	8.20	.189	\$	19.14	\$	1.55
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3	7	57.41	8.20	.189	19.14	1.55
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	3	8 \$	60.86 \$	7.61	.216 \$	20.29 \$	1.64

^{0*} Totals in these lines are given as a separate information item only;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,865
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
PLACER COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

DOMINICI OF DEL	(VICED FOR DOCTE TOTAL					
				MO	NTHLY AVERAG	E
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
393	4,847 \$	354,543.54	\$ 73.15	13.316	\$ 902.15	\$ 974.02
227	2,318 \$	88,643.79	\$ 38.24	6.368	\$ 390.50	\$ 243.53
150	238	8,082.14	33.96	.654	53.88	22.20
129	201	6,241.98	31.05	.552	48.39	17.15
0	0	.00	.00	.000	.00	.00
20	23	1,554.00	67.57	.063	77.70	4.27
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
13	14	286.16	20.44	.038	22.01	.79
10	92	4,302.74	46.77	.253	430.27	11.82
10	92	4,302.74	46.77	.253	430.27	11.82
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
16	75	5,347.21	71.30	.206	334.20	14.69
7	9	3,681.62	409.07	.025	525.95	10.11
2	2	329.86	164.93	.005	164.93	.91
8	64	1,335.73	20.87	.176	166.97	3.67
30	75	6,436.58	85.82	.206	214.55	17.68
26	32	5 , 350.05	167.19	.088	205.77	14.70
	USERS 393 227 150 129 0 20 0 13 10 10 0 0 16 7 2 8	OR DAYS OF CARE 393	USERS UNITS OF SERVICE OR DAYS OF CARE 393	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE 393	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS	USERS UNITS OF SERVICE OR DAYS OF CARE 193

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	1	1		107.22		107.22	.003		107.22		.29
ANESTHESIOLOGIST	8	42		979.31		23.32	.115		122.41		2.69
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	37	122		1,600.60		13.12	.335		43.26		4.40
RADIOLOGY	89	361		32,507.14		90.05	.992		365.25		89.31
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	17	1,164		26,088.24		22.41	3.198		1534.60		71.67
OTHER SERVICES/ALL X-OVERS	52	191		4,279.14		22.40	.525		82.29		11.76
@PHARMACY	254	1,051	\$	121,100.36	\$	115.22	2.887	\$	476.77	\$	332.69
PRESCRIPTION DRUGS	253	902		120,353.14		133.43	2.478		475.70		330.64
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	253	902		120,353.14		133.43	2.478		475.70		330.64
MEDICAL SUPPLIES	10	149		747.22		5.01	.409		74.72		2.05
@DENTIST	11	37	\$	1,332.90	\$	36.02	.102	\$	121.17	\$	3.66
VISITS - DIAGNOSTIC	5	26		487.90		18.77	.071		97.58		1.34
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		118.00		118.00	.003		118.00		.32
ENDODONTICS	2	2		330.00		165.00	.005		165.00		.91
RESTORATIVE DENTISTRY	3	4		178.00		44.50	.011		59.33		.49
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	4		219.00		54.75	.011		219.00		.60
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDIT	URES MO	NTH-OF-PAYMENT RE	EPOR	FOR JAN	2004 THRU	DEC	2004	PA	AGE 9,866
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR	BCCTP	-TOTAL								

TEMOER COUNTY	00111111111 01 0211		0 11111			M	ONT	HLY AVERA	GE	
364 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	ERAGE COST R UNIT/DAY		S	COST PER USER		COST PER ELIGIBLE
@OPTOMETRIST	4	15	\$	334.26	\$ 22.28	.041	\$	83.57	\$.92
DIAGNOSTIC AND ANC. PROCED	3	3		142.35	47.45	.008		47.45		.39
EYE APPLIANCES	4	12		191.91	15.99	.033		47.98		.53
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000		.00		.00
OTHER SERVICES	0	0		.00	.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000		.00		.00
SURGERY/ANES.	0	0		.00	.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000		.00		.00
OTHER	0	0		.00	.00	.000		.00		.00
@HOME HEALTH AGENCY	6	25	\$	1,809.22	\$ 72.37	.069	\$	301.54	\$	4.97
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	106	1,024	\$	121,063.11	\$ 118.23	2.813	\$	1142.10	\$	332.59
HOSP INPATIENT TOTAL	10	66		81 , 747.88	1238.60	.181		8174.79		224.58
HSC HOSPITALS	9	61		73,859.00	1210.80	.168		8206.56		202.91
NON-HSC HOSPITAL TOTAL	1	5		7,888.88	1577.78	.014		7888.88		21.67
ACCOMMODATIONS	1	5		3,208.50	641.70	.014		3208.50		8.81

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0 0 5 0 0 0 958 23	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	5	3,208.50	641.70	.014	3208.50	8.81
ANCILLARIES	1	0	4,680.38	.00	.000	4680.38	12.86
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	0.0	.000	.00	.00
HOSP OUTPATIENT TOTAL	102	958	39,315.23	41.04	2.632	385.44	108.01
MEDICAL	1 1 0 0 102 21	23	1,027.24	44.66	.063	48.92	2.82
SURGERY	11	1 Δ	1,042.17	74.44	.038	94.74	2.86
PATHOLOGY	54	443	3,412.22	7.70	1.217	63.19	9.37
RADIOLOGY	38	115	12,185.21	105.96	.316	320.66	33.48
ROOM USE	56	77	3,024.35	39.28	.212	54.01	8.31
CROSSOVERS/ALL OTH OUTPTNT	29	286	18,624.04	65.12	.786	642.21	51.16
@COUNTY HOSPITAL TOTAL	0	0 \$.00			.00	
CO HOSPITAL INPATIENT TOTAL	0	0 7	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	Ü	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	443 115 77 286 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE			.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
		CES AND EXPENDITURES MO	ONTH-OF-PAYMENT RE	EPORT FOR JAN :	2004 THRU DE	C 2004	PAGE 9,867
MOP024	FEE-FOR-SERVICE	•					03/14/05
PLACER COUNTY	SUMMARY OF SERV	ICES FOR BCCTP-TOTAL					
							GE
364 ELIGIBLES	USERS	UNITS OF SERVICE		AVERAGE COST			COST PER
@COMMUNITY HOSPITAL TOTAL		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	106	1,024 \$	121,063.11	\$ 118.23			\$ 332.59
COMM HOSP INPATIENT TOTAL	10	66	81,747.88	1238.60 1210.80 1577.78 641.70	.181	8174.79	224.58
HSC HOSPITALS	9	61	73,859.00	1210.80	.168	8206.56	202.91
NON-HSC HOSPITALS TOTAL	1	5	7,888.88	1577.78	.014	7888.88	21.67
ACCOMMODATIONS	1	5	3,208.50	641.70	.014	3208.50	8.81
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	10 9 1 1 0 0 1 1	1,024 \$ 66 61 5 0 0 5 0 958	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	5	3,208.50 4,680.38	641.70	.014	3208.50	8.81
ANCILLARIES	1	0	4,680.38		.000	4680.38	12.86
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	102	958	39,315.23	41.04	2.632	385.44	108.01
MEDICAL	21	23	1,027.24	44.66	.063	48.92	2.82
CIDCEDV	1.1	1 /	1 0/2 17	71 11	U30	01 71	2 06

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.000 \$

1.217

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54.01

642.21

.00 \$

2.86

9.37

8.31

.00

51.16

33.48

SURGERY

PATHOLOGY

RADIOLOGY

@STATE HOSPITAL

CROSSOVERS/ALL OTH OUTPTNT

ROOM USE

0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0	\$.00	\$.00	.000	\$.00	\$.00
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0	0		.00		.00	.000		.00		.00
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52	78		14,707.96		188.56	.214		282.85		40.41
MEDI-CAL SERVIC	ES AND EXPENDI	TURES M	ONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2004 THRU	DEC	2004	PA	GE 9,868
FEE-FOR-SERVICE	/DENTAL									03/14/05
SUMMARY OF SERV	ICES FOR BCCT	P-TOTAL								
						7.0				
						[v]	ONIT	HLY AVERA	GE -	
USERS	UNITS OF SERV	ICE	EXPENDITURES	AVE	RAGE COST			HLY AVERA COST PER		OST PER
USERS	UNITS OF SERV OR DAYS OF C		EXPENDITURES		RAGE COST UNIT/DAY	UNITS/DAY	S (С	
USERS 19		ARE	EXPENDITURES 1,265.32			UNITS/DAY	S (COST PER	C E	OST PER
	OR DAYS OF C	ARE \$		PER	. UNIT/DAY	UNITS/DAY PER ELIG	S (COST PER USER	C E	OST PER LIGIBLE
19	OR DAYS OF C	ARE \$	1,265.32	PER	UNIT/DAY 19.17	UNITS/DAY PER ELIG .181	S (COST PER USER 66.60	C E	OST PER LIGIBLE 3.48
19	OR DAYS OF C 66 2	ARE \$	1,265.32 127.03	PER	UNIT/DAY 19.17 63.52	UNITS/DAY PER ELIG .181 .005	S (USER 66.60 127.03	C E	OST PER LIGIBLE 3.48 .35
19 1 0	OR DAYS OF C 66 2 0	ARE \$	1,265.32 127.03 .00	PER	19.17 63.52 .00	UNITS/DAY PER ELIG .181 .005 .000	S (COST PER USER 66.60 127.03	C E	OST PER LIGIBLE 3.48 .35 .00
19 1 0 0	OR DAYS OF C 66 2 0 0 45	ARE \$	1,265.32 127.03 .00 .00 631.01	PER	UNIT/DAY 19.17 63.52 .00 .00 14.02	UNITS/DAY PER ELIG .181 .005 .000 .000 .124	S (USER 66.60 127.03 .00 .00 90.14	C E	OST PER LIGIBLE 3.48 .35 .00
19 1 0 0	OR DAYS OF C 66 2 0	ARE \$	1,265.32 127.03 .00 .00 631.01 621.13	PER	UNIT/DAY 19.17 63.52 .00 .00 14.02 14.12	UNITS/DAY PER ELIG .181 .005 .000 .000 .124 .121	S (USER 66.60 127.03 .00 .00 90.14 88.73	C E	OST PER LIGIBLE 3.48 .35 .00 .00 1.73 1.71
19 1 0 0	OR DAYS OF C 66 2 0 0 45 44	ARE \$	1,265.32 127.03 .00 .00 631.01 621.13	PER	UNIT/DAY 19.17 63.52 .00 .00 14.02 14.12 .00	UNITS/DAY PER ELIG .181 .005 .000 .000 .124 .121 .000	S (COST PER USER 66.60 127.03 .00 .00 90.14 88.73 .00	C E	OST PER LIGIBLE 3.48 .35 .00 .00 1.73 1.71
19 1 0 0 7 7 7	OR DAYS OF C 66 2 0 45 44 0	ARE \$	1,265.32 127.03 .00 .00 631.01 621.13 .00 9.88	PER	UNIT/DAY 19.17 63.52 .00 .00 14.02 14.12 .00 9.88	UNITS/DAY PER ELIG .181 .005 .000 .000 .124 .121 .000 .003	S (COST PER USER 66.60 127.03 .00 .00 90.14 88.73 .00 9.88	C E	OST PER LIGIBLE 3.48 .35 .00 .00 1.73 1.71 .00
19 1 0 0 7 7 7 0 1	OR DAYS OF C 66 2 0 45 44 0 1	ARE \$	1,265.32 127.03 .00 .00 631.01 621.13 .00 9.88	PER	UNIT/DAY 19.17 63.52 .00 .00 14.02 14.12 .00 9.88 .00	UNITS/DAY PER ELIG .181 .005 .000 .000 .124 .121 .000 .003 .000	S (COST PER USER 66.60 127.03 .00 .00 90.14 88.73 .00 9.88 .00	C E	OST PER LIGIBLE 3.48 .35 .00 .00 1.73 1.71 .00 .03
19 1 0 0 7 7 7 0 1 0	OR DAYS OF C 66 2 0 45 44 0 1	ARE \$	1,265.32 127.03 .00 .00 631.01 621.13 .00 9.88 .00	PER	UNIT/DAY 19.17 63.52 .00 .00 14.02 14.12 .00 9.88 .00 .00	UNITS/DAY PER ELIG .181 .005 .000 .000 .124 .121 .000 .003 .000 .000	S (COST PER USER 66.60 127.03 .00 .00 90.14 88.73 .00 9.88 .00	C E	OST PER LIGIBLE 3.48 .35 .00 .00 1.73 1.71 .00 .03 .00
19 1 0 0 7 7 7 0 1	OR DAYS OF C 66 2 0 45 44 0 1	ARE \$	1,265.32 127.03 .00 .00 631.01 621.13 .00 9.88 .00	PER	UNIT/DAY 19.17 63.52 .00 .00 14.02 14.12 .00 9.88 .00 .00 .00	UNITS/DAY PER ELIG .181 .005 .000 .000 .124 .121 .000 .003 .000 .000 .000	S (COST PER USER 66.60 127.03 .00 .00 90.14 88.73 .00 9.88 .00	C E	OST PER LIGIBLE 3.48 .35 .00 .00 1.73 1.71 .00 .03 .00
19 1 0 0 7 7 7 0 1 0	OR DAYS OF C 66 2 0 0 0 45 44 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ARE \$	1,265.32 127.03 .00 .00 631.01 621.13 .00 9.88 .00 .00	PER	UNIT/DAY 19.17 63.52 .00 .00 14.02 14.12 .00 9.88 .00 .00 .00	UNITS/DAY PER ELIG .181 .005 .000 .000 .124 .121 .000 .003 .000 .000 .000	S (COST PER USER 66.60 127.03 .00 .00 90.14 88.73 .00 9.88 .00 .00	C E	OST PER LIGIBLE 3.48 .35 .00 .00 1.73 1.71 .00 .03 .00 .00
19 1 0 0 7 7 7 0 1 0	OR DAYS OF C 66 2 0 0 0 45 44 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ARE \$	1,265.32 127.03 .00 .00 631.01 621.13 .00 9.88 .00 .00	PER	UNIT/DAY 19.17 63.52 .00 .00 14.02 14.12 .00 9.88 .00 .00	UNITS/DAY PER ELIG .181 .005 .000 .000 .124 .121 .000 .003 .000 .000 .000 .000	S (COST PER USER 66.60 127.03 .00 .00 .90.14 88.73 .00 9.88 .00 .00	C E	OST PER LIGIBLE 3.48 .35 .00 .00 1.73 1.71 .00 .03 .00 .00
19 1 0 0 7 7 7 0 1 0	OR DAYS OF C 66 2 0 0 0 45 44 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ARE \$	1,265.32 127.03 .00 .00 631.01 621.13 .00 9.88 .00 .00	PER	UNIT/DAY 19.17 63.52 .00 .00 14.02 14.12 .00 9.88 .00 .00 .00 .00 .00 .00 .00	UNITS/DAY PER ELIG .181 .005 .000 .000 .124 .121 .000 .003 .000 .000 .000 .000 .000	S (COST PER USER 66.60 127.03 .00 .00 90.14 88.73 .00 9.88 .00 .00 .00	C E	OST PER LIGIBLE 3.48 .35 .00 .00 1.73 1.71 .00 .03 .00 .00 .00
19 1 0 0 7 7 7 0 1 0	OR DAYS OF C 66 2 0 0 0 45 44 0 0 0 0 0 0 0 0 0 0 0 8 0 0 0 0 0 0	ARE \$	1,265.32 127.03 .00 .00 631.01 621.13 .00 9.88 .00 .00 .00	PER	UNIT/DAY 19.17 63.52 .00 .00 14.02 14.12 .00 9.88 .00 .00 .00 .00 .00 .00 .00	UNITS/DAY PER ELIG .181 .005 .000 .000 .124 .121 .000 .003 .000 .000 .000 .000 .000	S (COST PER USER 66.60 127.03 .00 .00 90.14 88.73 .00 9.88 .00 .00 .00 .00 .00 .00 .00 .00 .00	C E	OST PER LIGIBLE 3.48 .35 .00 .00 1.73 1.71 .00 .03 .00 .00 .00
19 1 0 0 7 7 7 0 1 0	OR DAYS OF C 66 2 0 0 0 45 44 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ARE \$	1,265.32 127.03 .00 .00 631.01 621.13 .00 9.88 .00 .00 .00	PER	UNIT/DAY 19.17 63.52 .00 .00 14.02 14.12 .00 9.88 .00 .00 .00 .00 .00 .00 .00 .00 .00	UNITS/DAY PER ELIG .181 .005 .000 .000 .124 .121 .000 .003 .000 .000 .000 .000 .000 .00	S (COST PER USER 66.60 127.03 .00 .00 90.14 88.73 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	C E	OST PER LIGIBLE 3.48 .35 .00 .00 1.73 1.71 .00 .03 .00 .00 .00 .00
19 1 0 0 7 7 7 0 1 0	OR DAYS OF C 66 2 0 0 0 45 44 0 0 0 0 0 0 0 0 0 0 0 8 0 0 0 0 0 0	ARE \$	1,265.32 127.03 .00 .00 631.01 621.13 .00 9.88 .00 .00 .00 .00 .00 .00 .00	PER	UNIT/DAY 19.17 63.52 .00 .00 14.02 14.12 .00 9.88 .00 .00 .00 .00 .00 .00 .00 .00 .118.81	UNITS/DAY PER ELIG .181 .005 .000 .000 .124 .121 .000 .003 .000 .000 .000 .000 .000 .00	S (COST PER USER 66.60 127.03 .00 .00 90.14 88.73 .00 9.88 .00 .00 .00 .00 .00 .00 .00 .136 .00 .00 .18.81	C E	OST PER LIGIBLE 3.48 .35 .00 .00 1.73 1.71 .00 .03 .00 .00 .00 .00 .00
19 1 0 0 7 7 7 0 1 0	OR DAYS OF C 66 2 0 0 0 45 44 0 0 0 0 0 0 0 0 0 0 0 8 0 0 0 0 0 0	ARE \$	1,265.32 127.03 .00 .00 631.01 621.13 .00 9.88 .00 .00 .00	PER	UNIT/DAY 19.17 63.52 .00 .00 14.02 14.12 .00 9.88 .00 .00 .00 .00 .00 .00 .00 .00 .00	UNITS/DAY PER ELIG .181 .005 .000 .000 .124 .121 .000 .003 .000 .000 .000 .000 .000 .00	S (COST PER USER 66.60 127.03 .00 .00 90.14 88.73 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	C E	OST PER LIGIBLE 3.48 .35 .00 .00 1.73 1.71 .00 .03 .00 .00 .00 .00
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 \$ 0 0 0 0 \$ 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 00 00 000 000 000 000 000 000	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

0 0 0

0 0 0

PSYCHOLOGIST

SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS

HOSPICE SERVICES

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LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	8	65.42	8.18	.022	16.36	.18
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	9	30	\$ 220.09	\$ 7.34	.082	\$ 24.45 \$.60
00			 				

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,869
MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

					MON	ITHLY AVERAC	SE
211 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	6	15 \$	1,345.90	\$ 89.73	.071 \$	224.32	\$ 6.38
@PHYSICIANS SERVICES	2	3 \$	47.26	\$ 15.75	.014 \$	23.63	\$.22
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
PSYCHIATRY	0		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	2		3		47.26		15.75	.014		23.63		.22
@PHARMACY	3		8 \$		1,020.32	\$	127.54	.038	\$	340.11	\$	4.84
PRESCRIPTION DRUGS	0		0		.00		.00	.000		.00		.00
SNF/ICF	0		0		.00		.00	.000		.00		.00
OUTPATIENTS	0		0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	3		8		1,020.32		127.54	.038		340.11		4.84
@DENTIST	0		0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0		0		.00		.00	.000		.00		.00
ORAL SURGERY	0		0		.00		.00	.000		.00		.00
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPE	NDITURES	MON	TH-OF-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC	2004	PA	GE 9,870
MOP024	FEE-FOR-SERVICE/D	ENTAL										03/14/05
PLACER COUNTY	SUMMARY OF SERVICE	ES FOR QN	MB - ONL	Y			AID CODE	E 80				
									INOM	THLY AVERA	GE -	
211 ELIGIBLES	USERS U	NITS OF SE	ERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DA	YS	COST PER	С	OST PER

211 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	ERAGE COST R UNIT/DAY	UNITS/DAY: PER ELIG	S	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00		\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000		.00	.00
EYE APPLIANCES	0	0	.00	.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

	_						
FAMILY NURSE PRACTITIONER	O	0 \$.00	\$.00	.000 \$		•
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$		
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	Û	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0					.00
ALL OTHER ACCOM	0	U	.00	.00	.000	.00	
ANCILLARIES	O	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
ROOM USE		U	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	· O	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	. 0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0			.000		.00
TRANSITIONAL IP CARE	0	0	.00	.00		.00	
ALL OTHER ACCOM	U	U	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0					
RADIOLOGY	U	U	.00	.00	.000	.00	.00
ROOM USE	O	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU DE	C 2004	PAGE 9,871
MOP024	FEE-FOR-SERVIC	E/DENTAL					03/14/05
PLACER COUNTY	SUMMARY OF SER	VICES FOR OMB - ONLY	₹	AID CODE	8.0		
					MON	THLY AVERAC	FE
211 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
ZII EHIGIDHES	OSEKS	OR DAYS OF CARE	EXFERDITORES	PER UNIT/DAY		USER	ELIGIBLE
0.000,000,000,000,000,000,000,000,000,0	0		0.0				
@COMMUNITY HOSPITAL TOTAL	U	0 \$.00	\$.00	.000 \$		•
COMM HOSP INPATIENT TOTAL	O	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
	U	0					
ANCILLARIES	Ü	U	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$		\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$		\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$		\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MC	NTH-OF-PAYMENT F	REPORT	FOR JAN 2004	THRU	DEC	2004	PAGE	9,872
MOP024	FEE-FOR-SERVICE/DENTAL									03	/14/05
PLACER COUNTY	SUMMARY OF SERVICES FOR	QMB -	ONLY			AID CODE 80					
							N	IONTH	LY AVERAG	GE	

					MON	ITHLY AVERAG	E
211 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	4 \$	278.32	\$ 69.58	.019 \$	278.32	\$ 1.32
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	4	278.32	69.58	.019	278.32	1.32
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	5	11 \$	1,067.58	\$ 97.05	.052 \$	213.52 \$	5.06

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,873 FEE-FOR-SERVICE/DENTAL

03/14/05

PLACER COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

PLACER COUNTI	SUMMARI OF SER	VICES FOR 1336 PROGRAM	AID (CODES /2 /4 ON	OP		
					MON	THLY AVERAG	E
5,450 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,796	5 , 829 \$	234,274.06	\$ 40.19	1.070 \$		\$ 42.99
@PHYSICIANS SERVICES	948	1 , 771 \$	57 , 958.57	\$ 32.73	.325 \$		
OUTPATIENT VISITS	847	1,104	34,619.74	31.36	.203	40.87	6.35
OFFICE VISITS	676	864	25,325.39	29.31	.159	37.46	4.65
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	141	147	6,683.17	45.46	.027	47.40	1.23
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	83	93	2,611.18	28.08	.017	31.46	.48
INPATIENT VISITS	8	31	1,825.08	58.87	.006	228.14	.33
HOSPITAL VISITS	8	31	1,825.08	58.87	.006	228.14	.33
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	6	229.49	38.25	.001	57.37	.04
EXAMINATIONS	4	6	229.49	38.25	.001	57.37	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	42	2,579.65	61.42	.008	515.93	.47
PRINCIPAL SURGEON	2	4	1,579.05	394.76	.001	789.53	.29
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	38	1,000.60	26.33	.007	250.15	.18
OUTPATIENT SURGERY	55	139	7,097.00	51.06	.026	129.04	1.30
PRINCIPAL SURGEON	38	48	4,385.07	91.36	.009	115.40	.80
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	22	91	2,711.93	29.80	.017	123.27	.50
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	74	116	1,666.05	14.36	.021	22.51	.31
RADIOLOGY	79	109	5,780.44	53.03	.020	73.17	1.06
PSYCHIATRY	1	1	32.98	32.98	.000	32.98	.01
IMMUNIZATION AND INJECTION	9	34	211.88	6.23	.006	23.54	.04
OTHER SERVICES/ALL X-OVERS	59	189	3,916.26	20.72	.035	66.38	.72
@PHARMACY	688	1 , 278 \$	28,428.65	\$ 22.24	.234 \$		
PRESCRIPTION DRUGS	684	1,106	27,034.60	24.44	.203	39.52	4.96
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	684	1,106	27,034.60	24.44	.203	39.52	4.96

MEDICAL SUPPLIES	11	172		1,394.05		8.10	.032		126.73		.26
@DENTIST	193	981	Ś	26,859.90	s	27.38		Ś	139.17	Ś	4.93
VISITS - DIAGNOSTIC	151	641	٧	9,195.50	Υ	14.35	.118	۲	60.90	Ψ.	1.69
ORAL SURGERY	14	40		1,497.00		37.43	.007		106.93		.27
DRUGS	25	27		575.00		21.30	.005		23.00		.11
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		55.00		55.00	.000		55.00		.01
ENDODONTICS	23	77		5,179.45		67.27	.014		225.19		.95
RESTORATIVE DENTISTRY	55	191		10,037.95		52.55	.035		182.51		1.84
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	2	2		320.00		160.00	.000		160.00		.06
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	4	2		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUE	RES MC	NTH-OF-PAYMENT R	EPORT	FOR JAN 2	2004 THRU I	DEC	2004	P.	AGE 9,874
	MEDI-CAL SERVICE		RES MC		EPORT	FOR JAN 2	2004 THRU I	DEC	2004	P.	AGE 9,874 03/14/05
#CALIF DEPT OF HEALTH SERV	FEE-FOR-SERVICE			NTH-OF-PAYMENT R				DEC	2004	P.	
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	DENTAL		NTH-OF-PAYMENT R							
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	DENTAL	ROGRAM	NTH-OF-PAYMENT R	CODES AVE	72 74 8N	8P	ONT:		GE	
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY	FEE-FOR-SERVICE, SUMMARY OF SERVI	DENTAL ICES FOR 133% PI	ROGRAM E	NTH-OF-PAYMENT R	CODES AVE	72 74 8N	8P MC	ONT:	HLY AVERA	GE	03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 5,450 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVICE, SUMMARY OF SERVI	DENTAL ICES FOR 133% PR UNITS OF SERVICE	ROGRAM E	NTH-OF-PAYMENT R AID EXPENDITURES 250.55	CODES AVE	72 74 8N RAGE COST UNIT/DAY 41.76	8P MC UNITS/DAYS PER ELIG .001	ONT:	HLY AVERA COST PER USER 50.11	GE	03/14/05 COST PER
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 5,450 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVICE, SUMMARY OF SERVI	DENTAL ICES FOR 133% PR UNITS OF SERVICE	ROGRAM E E	EXPENDITURES 250.55 229.24	CODES AVE PER	72 74 8N RAGE COST UNIT/DAY 41.76 45.85	8P MC UNITS/DAYS PER ELIG	ONT:	HLY AVERA COST PER USER 50.11 45.85	GE	03/14/05 COST PER ELIGIBLE .05 .04
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 5,450 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVICE, SUMMARY OF SERVI	DENTAL ICES FOR 133% PR UNITS OF SERVICE	ROGRAM E E	NTH-OF-PAYMENT R AID EXPENDITURES 250.55	CODES AVE PER	72 74 8N RAGE COST UNIT/DAY 41.76 45.85 21.31	8P MC UNITS/DAYS PER ELIG .001	ONT:	HLY AVERA COST PER USER 50.11 45.85 21.31	GE	03/14/05 COST PER ELIGIBLE .05 .04 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 5,450 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	FEE-FOR-SERVICE, SUMMARY OF SERVI	DENTAL ICES FOR 133% PR UNITS OF SERVICE	ROGRAM E E \$	EXPENDITURES 250.55 229.24 21.31 .00	CODES AVE PER	72 74 8N RAGE COST UNIT/DAY 41.76 45.85 21.31 .00	8P MC UNITS/DAYS PER ELIG .001 .001 .000	ONT:	HLY AVERA COST PER USER 50.11 45.85 21.31 .00	GE	03/14/05 COST PER ELIGIBLE .05 .04 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 5,450 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	FEE-FOR-SERVICE, SUMMARY OF SERVI	DENTAL ICES FOR 133% PR UNITS OF SERVICE	ROGRAM E E	EXPENDITURES 250.55 229.24 21.31 .00 .00	CODES AVE PER	72 74 8N RAGE COST UNIT/DAY 41.76 45.85 21.31 .00 .00	8P MC UNITS/DAYS PER ELIG .001 .001 .000 .000	ONT:	HLY AVERA COST PER USER 50.11 45.85 21.31 .00 .00	GE	03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 5,450 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	FEE-FOR-SERVICE, SUMMARY OF SERVI	DENTAL ICES FOR 133% PR UNITS OF SERVICE	ROGRAM E E \$	EXPENDITURES 250.55 229.24 21.31 .00 .00 .00	CODES AVE PER \$	72 74 8N RAGE COST UNIT/DAY 41.76 45.85 21.31 .00 .00 .00	8P MC UNITS/DAYS PER ELIG .001 .001 .000 .000 .000	ONT.	HLY AVERA COST PER USER 50.11 45.85 21.31 .00 .00	GE	03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 5,450 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVICE, SUMMARY OF SERVI	DENTAL ICES FOR 133% PR UNITS OF SERVICE	ROGRAM E E \$	EXPENDITURES 250.55 229.24 21.31 .00 .00 .00 .00	CODES AVE PER \$	72 74 8N RAGE COST UNIT/DAY 41.76 45.85 21.31 .00 .00 .00 .00	8P MC UNITS/DAYS PER ELIG .001 .000 .000 .000 .000	ONT: \$ \$	HLY AVERA COST PER USER 50.11 45.85 21.31 .00 .00 .00	GE S	03/14/05
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 5,450 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	FEE-FOR-SERVICE, SUMMARY OF SERVI	DENTAL ICES FOR 133% PR UNITS OF SERVICE	ROGRAM E E \$	EXPENDITURES 250.55 229.24 21.31 .00 .00 .00 .00 .00	CODES AVE PER \$	72 74 8N RAGE COST UNIT/DAY 41.76 45.85 21.31 .00 .00 .00 .00 .00	8P MC UNITS/DAYS PER ELIG .001 .000 .000 .000 .000	ONT.	HLY AVERA COST PER USER 50.11 45.85 21.31 .00 .00 .00 .00	GE S	03/14/05 COST PER ELIGIBLE .05 .04 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 PLACER COUNTY 5,450 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVICE, SUMMARY OF SERVI	DENTAL ICES FOR 133% PR UNITS OF SERVICE	ROGRAM E E \$	EXPENDITURES 250.55 229.24 21.31 .00 .00 .00 .00	CODES AVE PER \$	72 74 8N RAGE COST UNIT/DAY 41.76 45.85 21.31 .00 .00 .00 .00	8P MC UNITS/DAYS PER ELIG .001 .000 .000 .000 .000	ONT: \$ \$	HLY AVERA COST PER USER 50.11 45.85 21.31 .00 .00 .00	GE S	03/14/05

RADIO./PATHOLOGY	0	0	.00	.00	.000	.00		.00
OTHER	0	0	.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	1	3 \$	164.91	\$ 54.97	.001 \$.03
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00
	0	0 \$.00					
NURSE MIDWIFE	0	0 \$ 0 \$		\$.00	.000 \$		•	.00
PEDIATRIC NURSE PRACTITIONER	U		.00	\$.00	.000 \$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00
@TOTAL HOSPITAL	301	986 \$	93,777.79		.181 \$			
HOSP INPATIENT TOTAL	12	58	70,558.50	1216.53	.011	5879.88	12.	
HSC HOSPITALS	12	58	70,558.50	1216.53	.011	5879.88	12.	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	292	928	23,219.29	25.02	.170	79.52		.26
MEDICAL	26	38	1,201.76	31.63	.007	46.22		.22
SURGERY	32	37	1,303.68	35.23	.007	40.74		.24
PATHOLOGY	81	284	2,338.47	8.23	.052	28.87		.43
RADIOLOGY	50	67	3,281.18	48.97	.012	65.62		.60
ROOM USE	240	285	10,965.20	38.47	.052	45.69		.01
CROSSOVERS/ALL OTH OUTPTNT	90	217	4,129.00	19.03	.040	45.88		.01 .76
	0		•					
@COUNTY HOSPITAL TOTAL	0		.00	\$.00	.000 \$		•	.00
CO HOSPITAL INPATIENT TOTAL		0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00		.00
		ES AND EXPENDITURES MONT					PAGE 9	
MOP024	FEE-FOR-SERVICE		01 11111111111111111111111111111111	DIONI ION OIN 2	LOOI IIII(O DE	2001		14/05
PLACER COUNTY		ICES FOR 133% PROGRAM	ΔΤΟ	CODES 72 74 8N	8 D		03/1	. 1/ 00
THICH COUNT	SOPERATION OF SERV	ICES FOR 1550 FROSIGNA	71110	CODED 12 11 ON	MON	THIY AVERA	GE	
5,450 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST P	
J,430 ELIGIBLES	USEKS	OR DAYS OF CARE	EVERNDIIOVES	PER UNIT/DAY		USER		
@COMMUNITY HOSPITAL TOTAL	301		93,777.79		.181 \$		ELIGIB \$ 17.	
-		•						
COMM HOSP INPATIENT TOTAL	12	58	70,558.50	1216.53	.011	5879.88	12.	
HSC HOSPITALS	12	58	70,558.50	1216.53	.011	5879.88	12.	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00

ALL OTHER ACCOM	Ο	0		.00		.00		000		.00		.00
ANCILLARIES	0	0		.00		.00		000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00		000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00		000		.00		.00
COMM HOSP OUTPATIENT TOTAL	292	928		23,219.29		25.02		170		79.52		4.26
MEDICAL	26	38		1,201.76		31.63		007		46.22		.22
SURGERY	32	37		1,303.68		35.23		007		40.74		.24
PATHOLOGY	81	284		2,338.47		8.23		052		28.87		.43
RADIOLOGY	50	67		3,281.18		48.97		012		65.62		.60
ROOM USE	240	285		10,965.20		38.47		052		45.69		2.01
CROSSOVERS/ALL OTH OUTPTNT		217	_	4,129.00	_	19.03		040	_	45.88	_	.76
@STATE HOSPITAL	0	0	\$.00	\$.00		000	Ş	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00		000		.00		.00
DEVELOP. DISABLED @NURSING FACILITY	0	0	\$.00	\$.00		000	ċ	.00	ċ	.00
LEV A-INTERMEDIATE	0	0	Ş	.00	Ş	.00		000	Ş	.00	Ş	.00
LEV A-INTERMEDIATE	0	0		.00		.00		000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00		000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00		000		.00		.00
LEV B SODACOTE HISTE BASED LEV B-TRANSITIONAL IP CARE	0	0		.00		.00		000		.00		.00
LEV B-REGULAR	0	0		.00		.00		000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		000	Ś	.00	Ś	.00
ICF DDH	0	0		.00	'	.00		000		.00		.00
ICF DD	0	0		.00		.00		000		.00		.00
ICF DDN/DDCN	0	0		.00		.00		000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00		000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00		000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00		000		.00		.00
@REHABILITATION FACILITY	1	1	\$	32.80	\$	32.80		000	\$	32.80	\$.01
HOSPITAL BASED	1	1		32.80		32.80		000		32.80		.01
INDEPENDENT FACILITY	0	0		.00		.00		000		.00		.00
@LABORATORY FACILITY	69	121	\$	1,155.31	\$	9.55		022	\$	16.74	\$.21
PATHOLOGY	69	121		1,155.31		9.55		022		16.74		.21
XO AND OTHERS	0	0		.00		.00		000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	99	138	\$	19,792.60	\$	143.42		025	\$	199.93	\$	3.63
CLINIC	13	14		592.01		42.29		003		45.54		.11
SURGICENTER	4	28		1,018.97		36.39		005		254.74		.19
HEROIN DETOX CLINIC	0	0		.00		.00		000		.00		.00
RURAL HEALTH CLINIC	MEDI CAI CEDUICE	96	HIDEC MON	18,181.62		189.39		018	DEC	221.73	D.7	3.34
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE		ORES MOI	NTH-OF-PAIMENT I	REPORT	FOR JAN	2004 T	HKU	DEC	2004	PF	AGE 9,876 03/14/05
PLACER COUNTY	SUMMARY OF SERVICE/		DDOCDAM	AID	CODEC	72 74 ON	d 0 D					03/14/03
PLACER COUNTI	SOMMAKI OF SERVI	CES FOR ISS	FROGRAM	AID	CODES	72 74 ON		N	ı∩nıı-ı	HLY AVERA	CF -	
5,450 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVF.	RAGE COST					_	COST PER
3, 130 EE101EEE0	OOLIKO	OR DAYS OF CA		DINI DINDITOREO		UNIT/DAY				USER		ELIGIBLE
@ALL OTHER PROVIDERS	54	544	\$	5,852.98	\$	10.76		100		108.39		1.07
DURABLE MED. EQUIP.	3	3		299.97	'	99.99						.06
BLOOD BANK	0	0		.00		.00		000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00		000		.00		.00
MEDICAL TRANSPORTATION	7	34		877.81		25.82		006		125.40		.16
AMBULANCES/AIR TRANS	7	34		877.81		25.82		006		125.40		.16
OTHER TRANS	0	0		.00		.00		000		.00		.00
OTHER SERVICES	0	0		.00		.00		000		.00		.00
ACUPUNCTURE	0	0		.00		.00		000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00		000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00		000		.00		.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.000	16.64	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	4	75.97	18.99	.001	75.97	.01
SPEECH AND AUDIOLOGY	6	12	715.26	59.61	.002	119.21	.13
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	32	482	3,764.80	7.81	.088	117.65	.69
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	7	102.53	14.65	.001	25.63	.02
@CALIF. CHILDREN SERVICES*	40	2,375	\$ 56,425.52	\$ 23.76	.436	\$ 1410.64	\$ 10.35
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,877 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

PLACER COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

I DACEN COUNTI	DOMENTIC OF DELC	VICED FOR IOOS FROGRAM	AID C	ODES IN IC OR	01		
					MON	THLY AVERAGE	≟
4,730 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,306	5 , 778 \$	141,051.93	\$ 24.41	1.222 \$	108.00 \$	\$ 29.82
@PHYSICIANS SERVICES	454	729 \$	21,973.58	\$ 30.14	.154 \$	48.40	\$ 4.65
OUTPATIENT VISITS	388	441	15,112.81	34.27	.093	38.95	3.20
OFFICE VISITS	308	339	10,945.51	32.29	.072	35.54	2.31
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	57	65	3,204.96	49.31	.014	56.23	.68
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	37	37	962.34	26.01	.008	26.01	.20
INPATIENT VISITS	2	2	137.36	68.68	.000	68.68	.03
HOSPITAL VISITS	2	2	137.36	68.68	.000	68.68	.03
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2	104.90	52.45	.000	52.45	.02
EXAMINATIONS	2	2	104.90	52.45	.000	52.45	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	9	320.52CR	35.61CR	.002	320.52CR	.07CR
PRINCIPAL SURGEON	0	1CR	498.59CR	498.59	.000	.00	.11CR
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	10	178.07	17.81	.002	178.07	.04
OUTPATIENT SURGERY	26	48	2,372.02	49.42	.010	91.23	.50
PRINCIPAL SURGEON	25	45	2,266.66	50.37	.010	90.67	.48
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	3	105.36	35.12	.001	105.36	.02
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	43	47	368.54	7.84	.010	8.57	.08
RADIOLOGY	70	95	2,844.65	29.94	.020	40.64	.60
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	7	7		290.36		41.48	.001		41.48		.06
OTHER SERVICES/ALL X-OVERS	25	78		1,063.46		13.63	.016		42.54		.22
@PHARMACY	438	2,196	\$	35,343.74	\$	16.09	.464	\$	80.69	\$	7.47
PRESCRIPTION DRUGS	434	687		34,924.02		50.84	.145		80.47		7.38
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	434	687		34,924.02		50.84	.145		80.47		7.38
MEDICAL SUPPLIES	9	1,509		419.72		.28	.319		46.64		.09
@DENTIST	263	1,311	\$	31,700.80	\$	24.18	.277	\$	120.54	\$	6.70
VISITS - DIAGNOSTIC	212	1,016		16,050.20		15.80	.215		75.71		3.39
ORAL SURGERY	37	62		2,736.00		44.13	.013		73.95		.58
DRUGS	21	21		525.00		25.00	.004		25.00		.11
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	9	17		1,613.00		94.88	.004		179.22		.34
RESTORATIVE DENTISTRY	65	156		7,446.60		47.73	.033		114.56		1.57
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	4	5		600.00		120.00	.001		150.00		.13
MAXILLOFACIAL SERVICES	2	2		100.00		50.00	.000		50.00		.02
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	20	27		2,480.00		91.85	.006		124.00		.52
ALL OTHER SERVICES	7	5		150.00		30.00	.001		21.43		.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-O	F-PAYMENT I	REPORT	FOR JAN	2004 THRU	DEC	2004	PAG	E 9,878
MOP024	FEE-FOR-SERVICE/DENTA	L								(03/14/05

SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

PLACER COUNTY

----- MONTHLY AVERAGE -----4,730 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 57 3,547.78 \$ 24.47 .031 \$ 62.24 \$ @OPTOMETRIST 145 49 2,187.86 42.90 .46 DIAGNOSTIC AND ANC. PROCED 51 .011 44.65 33 14.47 41.21 EYE APPLIANCES 1,359.92 .020 .29 0 .00 .00 OTHER OPTOMETRIC SERVICES .00 .000 .00 .00 \$.00 .00 \$ @CHIROPRACTOR .000 \$.00 .00 VISITS .00 .00 .000 .00 .00 .00 .000 .00 OTHER SERVICES @PODIATRIST 161.87 \$ 40.47 .001 \$ 53.96 \$.03 MEDICINE/INJECTIONS 144.57 48.19 .001 48.19 .03 .00 .00 .000 .00 .00 SURGERY/ANES. RADIO./PATHOLOGY 17.30 17.30 .000 17.30 .00 OTHER .00 .00 .000 .00 .00 .00 .00 \$.000 \$.00 \$ @HOME HEALTH AGENCY 0 NURSE ANESTHESIST .00 \$.00 .000 \$.00 \$.00 .00 .00 \$ NURSE MIDWIFE .00 \$.000 \$.00 .00 \$.00 .00 \$ PEDIATRIC NURSE PRACTITIONER .000 \$.000 \$ FAMILY NURSE PRACTITIONER 0 0 .00 \$.00 .00 \$.00 458 @TOTAL HOSPITAL 143 18,473.27 \$ 40.33 .097 \$ 129.18 \$ 3.91 HOSP INPATIENT TOTAL 3,766.60 941.65 .001 1883.30 941.65 1883.30 HSC HOSPITALS 4 3,766.60 .001 .80 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 .000 TRANSITIONAL IP CARE .00 .00 .00 . 00 .00 .00 .000 ALL OTHER ACCOM .00 ANCILLARIES .00 .00 .000 .00 .00 .00 INPATIENT CROSSOVERS .00 .000 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

HOSP OUTPATIENT TOTAL	141	454		14,706.67	32.39	.096	104.30		3.11
MEDICAL	21	36		1,175.88	32.66	.008	55.99		.25
SURGERY	13	13		281.46	21.65	.003	21.65		.06
PATHOLOGY	48	155		1,838.52	11.86	.033	38.30		.39
RADIOLOGY	46	61		6,116.61	100.27	.013	132.97		1.29
ROOM USE	96	114		4,162.47	36.51	.024	43.36		.88
CROSSOVERS/ALL OTH OUTPTNT	43	75		1,131.73	15.09	.016	26.32		.24
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
" -	MEDI-CAL SERVICE		ES MON	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU	DEC 2004		9,879
MOP024	FEE-FOR-SERVICE/	DENTAL						0	3/14/05
PLACER COUNTY	SUMMARY OF SERVI	CES FOR 100% PR	OGRAM	AID (CODES 7A 7C 8R				
							ONTHLY AVERA		
4,730 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				T PER
		OR DAYS OF CARE			PER UNIT/DAY				GIBLE
@COMMUNITY HOSPITAL TOTAL	143	458	\$	18,473.27	\$ 40.33	.097	\$ 129.18	\$	3.91

COMM HOSP INPATIENT TOTAL	2	4		3,766.60		941.65	.001		1883.30		.80
HSC HOSPITALS	2	4		3,766.60		941.65	.001		1883.30		.80
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	141	454		14,706.67		32.39	.096		104.30		3.11
MEDICAL	21	36		1,175.88		32.66	.008		55.99		.25
SURGERY	13	13		281.46		21.65	.003		21.65		.06
PATHOLOGY	48	155		1,838.52		11.86	.033		38.30		.39
	46	61				100.27	.033		132.97		1.29
RADIOLOGY	96	114		6,116.61		36.51	.013		43.36		.88
ROOM USE	43	75		4,162.47							
CROSSOVERS/ALL OTH OUTPINT	43		ć	1,131.73	Ċ	15.09	.016	ċ	26.32	ċ	.24
@STATE HOSPITAL	•	0	\$.00	\$.00		\$.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	Ş	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	O	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	42	110	\$	1,885.63	\$	17.14	.023	\$	44.90	\$.40
PATHOLOGY	42	110		1,885.63		17.14	.023		44.90		.40
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	85	178	\$	18,723.34	\$	105.19	.038	\$	220.27	\$	3.96
CLINIC	10	63		1,439.39		22.85	.013		143.94		.30
SURGICENTER	1	7		257.06		36.72	.001		257.06		.05
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	74	108		17,026.89		157.66	.023		230.09		3.60
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	URES MO	ONTH-OF-PAYMENT F	REPORT			DEC		P^{R}	AGE 9,880
MOP024	FEE-FOR-SERVICE										03/14/05
PLACER COUNTY			PROGRAN	M AID	CODES	7A 7C 8R	8Т				
							M	ONT	HLY AVERA	GE -	
4,730 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVE	RAGE COST					COST PER
,		OR DAYS OF CA		7			PER ELIG				ELIGIBLE
@ALL OTHER PROVIDERS	152		\$	9,241.92		14.28			60.80		
DURABLE MED. EQUIP.	4	7		132.09		18.87		•	33.02		.03
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		0.0		.00
MEDICAL TRANSPORTATION	5	40		631.97		15.80	.008		126.39		.13
	9	10		001.07			• • • • •				• = 0

AMBULANCES/AIR TRANS	5	40	631.97	15.80	.008	126.39	.13
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	32	73	635.80	8.71	.015	19.87	.13
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	2	129.16	64.58	.000	64.58	.03
PROSTHETICS	2	2	129.16	64.58	.000	64.58	.03
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	2	1,725.95	862.98	.000	862.98	.36
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	106	516	5 , 899.45	11.43	.109	55.66	1.25
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	6	7	87.50	12.50	.001	14.58	.02
@CALIF. CHILDREN SERVICES*	6	15	\$ 2,095.84	\$ 139.72	.003	\$ 349.31	\$.44
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,881
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
PLACER COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 304 1,616 59,698.16 \$ 36.94 .000 \$ 196.38 \$ @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES 39 58 4,488.47 77.39 .000 \$ 115.09 \$.00 OUTPATIENT VISITS 5 19 1,179.67 62.09 .000 235.93 .00 22.90 22.90 22.90 .00 OFFICE VISITS .000 HOME VISITS .00 .00 .000 .00 .00 EMERGENCY ROOM 0 .00 .00 .000 .00 .00 0 .00 .00 .00 PREVENTIVE CARE .000 18 1,156.77 64.27 .000 231.35 OB VISITS/COMPRE PERI .00 OTHER OUTPATIENT 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 INPATIENT VISITS HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 OPHTHALMOLOGICAL SERVICES .00 .00 .00 .000 .00 .00 .00 .00 EXAMINATIONS .000 .00 .00 .00 .00 .00 SERVICES AND MATERIALS .000 INPATIENT HOSPITAL SURGERY .00 .00 .00 .00 .000 .00 .00 .00 PRINCIPAL SURGEON .000 .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 ANESTHESIOLOGIST .00 .000 .00 .00 368.10 OUTPATIENT SURGERY 122.70 .000 122.70 .00 PRINCIPAL SURGEON 368.10 122.70 .000 122.70 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0		0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000	.00		.00
DIALYSIS	0		0		.00		.00	.000	.00		.00
PATHOLOGY	2		2		11.94		5.97	.000	5.97		.00
RADIOLOGY	31		33		2,811.25		85.19	.000	90.69		.00
PSYCHIATRY	0		0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	1		1		117.51		117.51	.000	117.51		.00
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000	.00		.00
@PHARMACY	6		7	\$	66.64	\$	9.52	.000	\$ 11.11	\$.00
PRESCRIPTION DRUGS	6		7		66.64		9.52	.000	11.11		.00
SNF/ICF	0		0		.00		.00	.000	.00		.00
OUTPATIENTS	6		7		66.64		9.52	.000	11.11		.00
MEDICAL SUPPLIES	0		0		.00		.00	.000	.00		.00
@DENTIST	0		0	\$.00	Ś	.00	.000	\$.00	Ś	.00
VISITS - DIAGNOSTIC	0		0		.00		.00	.000	.00		.00
ORAL SURGERY	0		0		.00		.00	.000	.00		.00
DRUGS	0		0		.00		.00	.000	.00		.00
ANESTHESIA	0		0		.00		.00	.000	.00		.00
PERIODONTICS	0		0		.00		.00	.000	.00		.00
ENDODONTICS	0		0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0		0		.00		.00	.000	.00		.00
PROSTHETICS	0		0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0		0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND ES	PENDITIBE	S Mo	ONTH-OF-PAYMENT RE	.POR				PAG	
MOP024	FEE-FOR-SERVICE		II DIVDII OIVE	10 110		11 01(.	1 1010 01110	2001 111110	DEC 2001		03/14/05
PLACER COUNTY	SUMMARY OF SERV	,	PRESIMPT	TVE	ELIGIBILITY-PREGN	ΤΔΝΤ	AID CODES	7F 7G			03/11/03
I DITODIC GOOTELI	SOLUMINICE OF SHIPE	1010 1010	11/11/00/11/1	v _	LLIGIDILLII INDON	4 T T A T	1110 00000	_		C.	
00 ELIGIBLES								N		(- H: — -	
UU F.L.L. BL.F.S	USERS	UNITS OF	SERVICE		EXPENDITURES	ΔM	ERAGE COST	UNITS/DAY	ONTHLY AVERA S COST PER		OST PER

						[v]	OMI	.nli Aveka	.GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	8	10	\$ 450.41	\$	45.04	.000	\$	56.30	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00

	_	_					
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	8	10	450.41	45.04	.000	56.30	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
	0	U					
PATHOLOGY	5	/	238.54	34.08	.000	47.71	.00
RADIOLOGY	3	3	211.87	70.62	.000	70.62	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	Ō	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					.00
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	U	U	.00	.00	.000	.00	.00
PATHOLOGY	O	Ü	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DEC	2004	PAGE 9,883
MOP024	FEE-FOR-SERVICE	/DENTAL					03/14/05
PLACER COUNTY	SUMMARY OF SERV	ICES FOR PRESUMPTIVE	ELIGIBILITY-PREGN	NANT AID CODES	7F 7G		
					MONT	HLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8	10 \$	450.41	\$ 45.04	.000 \$	56.30	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER INPATIENT	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	8	10	450.41	45.04	.000	56.30	.00

0

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0

0

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

@STATE HOSPITAL

CROSSOVERS/ALL OTH OUTPTNT

ROOM USE

.00

34.08

70.62

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211.87

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MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	161	318	\$	6,787.83	\$	21.35	.000	\$	42.16	\$.00
PATHOLOGY	161	318		6,787.83		21.35	.000		42.16		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	190	1,202	\$	45,699.81	\$	38.02	.000	\$	240.53	\$.00
CLINIC	184	1,193		43,775.81		36.69	.000		237.91		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	6	9		1,924.00		213.78	.000		320.67		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITU	JRES I	MONTH-OF-PAYMENT RE	EPOR:	r for Jan	2004 THRU	DEC	2004	PA	GE 9,884
MOP024	FEE-FOR-SERVICE/DENT	AL									03/14/05
PLACER COUNTY	SUMMARY OF SERVICES	FOR PRESUM	(PTIVI	E ELIGIBILITY-PREGN	TNAN	AID CODES	7F 7G				
							M	ONT	HLY AVERA	GE -	

USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

00 ELIGIBLES

	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS 21	21 \$	2,205.00	\$ 105.00	.000 \$	105.00 \$.00
DURABLE MED. EQUIP. 0	0	.00	.00	.000	.00	.00
BLOOD BANK 0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS 0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION 0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS 0	0	.00	.00	.000	.00	.00
OTHER TRANS 0	0	.00	.00	.000	.00	.00
OTHER SERVICES 0	0	.00	.00	.000	.00	.00
ACUPUNCTURE 0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR 0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING 21	21	2,205.00	105.00	.000	105.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP 0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST 0	0	.00	.00	.000	.00	.00
OPTICIAN 0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST 0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY 0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS 0	0	.00	.00	.000	.00	.00
PROSTHETICS 0	0	.00	.00	.000	.00	.00
ORTHOTICS 0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST 0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY 0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES 0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS 0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES 0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE 0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT. 0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING 0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS 0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES* 0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0 \$.00	\$.00	.000 \$.00 \$.00

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,885
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
PLACER COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

SOUTHAIL OF SELV	TCES FOR	MEDI CA	т т	ODEI/COHODID LIVOGIVAM		AID CODE	/ 11				
							MC	ITNC	HLY AVERA	GΕ	
USERS	UNITS OF	SERVICE		EXPENDITURES	AVEF	RAGE COST	UNITS/DAYS	3 (COST PER		COST PER
	OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
3		4	\$	406.61	\$	101.65	.667	\$	135.54	\$	67.77
0		0	\$.00	\$.00	.000	\$.00	\$.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
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0		0		.00		.00	.000		.00		.00
0		0		.00		.00	.000		.00		.00
		USERS UNITS OF	USERS UNITS OF SERVICE		USERS UNITS OF SERVICE OR DAYS OF CARE 3	USERS UNITS OF SERVICE OR DAYS OF CARE 3	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE 3	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS	USERS UNITS OF SERVICE OR DAYS OF CARE 3	USERS	USERS

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
PRESCRIPTION DRUGS	0	0	т	.00	т	.00	.000	т	.00	т	.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00		\$.00	Ċ	.00
VISITS - DIAGNOSTIC	0	0	۲	.00	Ų	.00	.000	۲	.00	۲	.00
ORAL SURGERY	0	0		.00		.00	.000		.00		
	0	0									.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	U	0		.00		.00	.000		.00		.00
PERIODONTICS	U	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	ES I	MONTH-OF-PAYMENT RE	PORT	FOR JAN 2	2004 THRU	DEC	2004	P7	AGE 9,886
MOP024	FEE-FOR-SERVICE/D	ENTAL									03/14/05
PLACER COUNTY	SUMMARY OF SERVIC	ES FOR MEDI-CA	L T	UBERCULOSIS PROGRAM		AID CODE	7H				
							T.		HLY AVERA	GE .	
							Iv	ION I		.01	COST PER
06 ELIGIBLES	USERS U	NITS OF SERVICE		EXPENDITURES	AVE	RAGE COST					JODI ILI
06 ELIGIBLES		NITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		RAGE COST UNIT/DAY	UNITS/DAY PER ELIC	S		(ELIGIBLE
06 ELIGIBLES @OPTOMETRIST				EXPENDITURES .00			UNITS/DAY	S	COST PER	(I	
		OR DAYS OF CARE			PER	UNIT/DAY	UNITS/DAY PER ELIG .000 .000	S	COST PER USER	(I	ELIGIBLE
@OPTOMETRIST	0	OR DAYS OF CARE 0		.00	PER	UNIT/DAY .00	UNITS/DAY PER ELIG .000	S	COST PER USER .00	(I	ELIGIBLE .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	0 0	OR DAYS OF CARE 0 0		.00	PER	UNIT/DAY .00 .00	UNITS/DAY PER ELIG .000 .000	S	COST PER USER .00	(I	ELIGIBLE .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	0 0	OR DAYS OF CARE 0 0 0		.00 .00 .00	PER	UNIT/DAY .00 .00	UNITS/DAY PER ELIG .000 .000	S	COST PER USER .00 .00	, \$	ELIGIBLE .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	0 0	OR DAYS OF CARE 0 0 0 0 0	\$.00 .00 .00	PER \$	UNIT/DAY .00 .00 .00	UNITS/DAY PER ELIG .000 .000 .000	\$ \$	COST PER USER .00 .00 .00	, \$.00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0	\$.00 .00 .00 .00 .00	PER \$	UNIT/DAY .00 .00 .00 .00 .00	UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000	\$ \$	COST PER USER .00 .00 .00 .00	, \$	ELIGIBLE .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0	\$.00 .00 .00 .00 .00	PER \$	UNIT/DAY .00 .00 .00 .00 .00 .00	UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000	S	OST PER USER .00 .00 .00 .00 .00	; \$ \$.00 .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0	\$.00 .00 .00 .00 .00	PER \$	UNIT/DAY .00 .00 .00 .00 .00	UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000	S	COST PER USER .00 .00 .00 .00	; \$ \$.00 .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0	\$.00 .00 .00 .00 .00 .00	PER \$	UNIT/DAY .00 .00 .00 .00 .00 .00	UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	; \$.00 .00 .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0	\$.00 .00 .00 .00 .00 .00	PER \$	UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	; \$	ELIGIBLE
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$.00 .00 .00 .00 .00 .00 .00	PER \$	UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	; \$.00 .00 .00 .00 .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$.00 .00 .00 .00 .00 .00 .00 .00	PER \$	UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	; \$	ELIGIBLE
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$.00 .00 .00 .00 .00 .00 .00	PER \$	UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0		COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	; \$	ELIGIBLE
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	W W	.00 .00 .00 .00 .00 .00 .00 .00 .00	PER \$ \$ \$	UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0		COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$ \$ \$ \$ \$ \$	ELIGIBLE
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$.00 .00 .00 .00 .00 .00 .00 .00	PER \$ \$	UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0		COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$ \$ \$ \$\$\$\$	ELIGIBLE

FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
	0	0	.00	.00	.000	.00	.00
HOSP INPATIENT TOTAL	0						
HSC HOSPITALS	U	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	Ō	.00	.00	.000	.00	.00
	0	0				.00	
TRANSITIONAL IP CARE	U	U	.00	.00	.000		.00
ALL OTHER ACCOM	O	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
MEDICAL	O	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
	0	· · · · · · · · · · · · · · · · · · ·					
CROSSOVERS/ALL OTH OUTPTNT	U	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
	0	0		.00			.00
ACCOMMODATIONS	U	0	.00		.000	.00	
ADMINISTRATIVE DAYS	0	Ü	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER INPATIENT	U	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	O	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	Ō	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
	0	0					
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES MON	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 9,887
MOP024	FEE-FOR-SERVICE	E/DENTAL					03/14/05
PLACER COUNTY	SUMMARY OF SERV	JICES FOR MEDI-CAL TUBE	ERCULOSIS PROGRAM	AID CODE	7 H		
					MON	THLY AVERA	GE
06 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
00 EDIGIDDES	OSEKS	OR DAYS OF CARE	EXFENDITORES		,		
				PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
ACCOMMODATIONS			.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	· ·	•					
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
	0	0									.00
CROSSOVERS/ALL OTH OUTPTNT	0			.00		.00	.000		.00		
@STATE HOSPITAL	Ü		\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0 \$	Ş	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
	0	0									
LEV B-SUBACUTE HSPTL BASED	U	U		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
	0		4		\$			Ċ		ċ	
@HEMODIALYSIS TOTAL	U		Ş	.00	Ş	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0 \$	Ş	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1		\$	30.17	\$	15.09	.333	\$	30.17	Ś	5.03
PATHOLOGY	1	2	T	30.17	т	15.09	.333	τ	30.17	Τ.	5.03
XO AND OTHERS	0	0									
	0		~	.00	<u>^</u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@ORGANIZED OUTPATIENT CLINIC	2		\$	376.44	\$	188.22	.333	\$	188.22	\$	62.74
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2	2		376.44		188.22	.333		188.22		62.74
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES .	AND EXPENDITURES	S MONTH-	OF-PAYMENT RE	EPORT	FOR JAN 2	2004 THRU	DEC	2004	P.A	AGE 9,888
MOP024	FEE-FOR-SERVICE/DE										03/14/05
PLACER COUNTY	SUMMARY OF SERVICE		TIBEDCII	TOGTS DDOCDAN	Л	AID CODE	7 🛮				03/11/03
FLACER COUNTI	SUMMARI OF SERVICE	5 FOR MEDI-CAL	IUDERCU	LOSIS FROGRAM	1	AID CODE		MONTH!		CE	
06 51 10151 50			_		3				HLY AVERA		
06 ELIGIBLES		ITS OF SERVICE	E	XPENDITURES		RAGE COST			COST PER		COST PER
		R DAYS OF CARE				UNIT/DAY	PER ELI		USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
	0	0									
OTHER TRANS	U			.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	0	0		.00		.00	.000		.00		.00
	0	0									
PHYSICAL THERAPIST				.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00
Q+ MOMAIC IN MURCE IINEC ADE CIVEN AC	7 7 CEDADAME	TATEODMARITONI THEM ONLY					

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,889
MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

						MO1	NTHLY AVERA	GE
350 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	357	1,797	\$	182,336.61	\$ 101.47	5.134	\$ 510.75	\$ 520.96
@PHYSICIANS SERVICES	188	526	\$	44,123.09	\$ 83.88	1.503	3 234.70	\$ 126.07
OUTPATIENT VISITS	83	119		8,367.89	70.32	.340	100.82	23.91
OFFICE VISITS	31	32		1,846.87	57.71	.091	59.58	5.28
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	8	8		461.99	57.75	.023	57.75	1.32
PREVENTIVE CARE	1	1		34.69	34.69	.003	34.69	.10
OB VISITS/COMPRE PERI	45	76		5,977.70	78.65	.217	132.84	17.08
OTHER OUTPATIENT	2	2		46.64	23.32	.006	23.32	.13
INPATIENT VISITS	20	38		1.619.05	42 61	109	80 95	4 63

HOSPITAL VISITS	20	38			1,619.05		42.61	.109		80.95		4.63
CRITICAL CARE	0	0			.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0			.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	Ō			.00		.00	.000		.00		.00
EXAMINATIONS	0	0			.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	38	168			23,252.71		138.41	.480		611.91		66.44
PRINCIPAL SURGEON	24	25			19,299.00		771.96	.071		804.13		55.14
ASSISTANT SURGEON	2	2			373.00		186.50	.006		186.50		1.07
ANESTHESIOLOGIST	17	141			3,580.71		25.40	.403		210.63		10.23
OUTPATIENT SURGERY	29	43			4,576.15		106.42	.123		157.80		13.07
PRINCIPAL SURGEON	24	30			3,875.14		129.17	.086		161.46		11.07
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	12	13			701.01		53.92	.037		58.42		2.00
DIALYSIS	0	0			.00		.00	.000		.00		.00
PATHOLOGY	18	22			186.72		8.49	.063		10.37		.53
RADIOLOGY	64	73			5,136.89		70.37	.209		80.26		14.68
PSYCHIATRY	0	7.3			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1.4	43			654.83		15.23	.123		46.77		1.87
OTHER SERVICES/ALL X-OVERS	9	20			328.85		16.44	.057		36.54		.94
@PHARMACY	58		Ċ			\$			ċ	45.50	ċ	7.54
PRESCRIPTION DRUGS	58	106 106	Ą		2,638.95 2,638.95	Ş	24.90 24.90	.303 .303	Ş	45.50	Þ	7.54
	0	100					.00			.00		.00
SNF/ICF	58	106			.00 2,638.95		24.90	.000		45.50		7.54
OUTPATIENTS	0	100			,		.00	.000				.00
MEDICAL SUPPLIES	0	0	<u> </u>		.00	^			<u>^</u>	.00	<u>^</u>	
@DENTIST	U	•	\$.00	\$.00	.000	Ş	.00	\$.00
VISITS - DIAGNOSTIC	0	0			.00		.00	.000		.00		.00
ORAL SURGERY	S .	0			.00		.00	.000		.00		.00
DRUGS	0	0			.00		.00	.000		.00		.00
ANESTHESIA	0	0			.00		.00	.000		.00		.00
PERIODONTICS	ě .	-			.00		.00	.000		.00		.00
ENDODONTICS	0	0			.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0			.00		.00	.000		.00		.00
PROSTHETICS	0	0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0			.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		JRES N	MONTH-OF	-PAYMENT R	EPORT	FOR JAN	2004 THRU	DEC	2004	Р	AGE 9,890
MOP024	FEE-FOR-SERVICE/DENTAL							_				03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FO	R MINOR	CONSE	ENT AID	CODES AID	CODES	7M 7P 7R					
								M	TTIME	TLA VILLA	CF	

350 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S	COST PER	COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00	.00
EYE APPLIANCES	0	0	.00		.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00	.00
OTHER SERVICES	0	0	.00		.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00	.00
SURGERY/ANES.	0	0	.00		.00	.000		.00	.00

----- MONTHLY AVERAGE -----

RADIO./PATHOLOGY	0	0	.00		.00	.000	.00	.00
OTHER	0	0	.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	2	2 \$	104.99	\$	52.50	.006		\$.30
NURSE ANESTHESIST	0	0 \$.00	Ś	.00	.000		\$.00
NURSE MIDWIFE	0	0 \$.00	Ś	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	Ċ	.00	.000		\$.00
	0	0 \$		ب د			•	
FAMILY NURSE PRACTITIONER	•		.00	\$.00	.000		\$.00
@TOTAL HOSPITAL	83	449 \$	106,609.57	\$	237.44	1.283		\$ 304.60
HOSP INPATIENT TOTAL	27	96	100,008.38		1041.75	.274	3704.01	285.74
HSC HOSPITALS	13	33	38 , 227.71		1158.42	.094	2940.59	109.22
NON-HSC HOSPITAL TOTAL	14	63	61,780.67		980.65	.180	4412.91	176.52
ACCOMMODATIONS	14	63	32,328.00		513.14	.180	2309.14	92.37
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00
ALL OTHER ACCOM	14	63	32,328.00		513.14	.180	2309.14	92.37
ANCILLARIES	14	0	29,452.67		.00	.000	2103.76	84.15
	0	0	•					.00
INPATIENT CROSSOVERS	•	-	.00		.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	68	353	6,601.19		18.70	1.009	97.08	18.86
MEDICAL	5	5	218.07		43.61	.014	43.61	.62
SURGERY	9	10	330.50		33.05	.029	36.72	.94
PATHOLOGY	47	194	2,344.77		12.09	.554	49.89	6.70
RADIOLOGY	7	9	907.98		100.89	.026	129.71	2.59
ROOM USE	30	43	1,856.44		43.17	.123	61.88	5.30
CROSSOVERS/ALL OTH OUTPTNT	25	92	943.43		10.25	.263	37.74	2.70
@COUNTY HOSPITAL TOTAL	3	34 \$	995.80	Ś	29.29	.097		\$ 2.85
	0	0		ې	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	•	.00					
HSC HOSPITALS	0	0	.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00	.00
ANCILLARIES	0	0	.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	34	995.80		29.29	.097	331.93	2.85
	3	0						
MEDICAL	U	_	.00		.00	.000	.00	.00
SURGERY	3	4	118.44		29.61	.011	39.48	.34
PATHOLOGY	2	12	303.29		25.27	.034	151.65	.87
RADIOLOGY	0	0	.00		.00	.000	.00	.00
ROOM USE	2	7	473.19		67.60	.020	236.60	1.35
CROSSOVERS/ALL OTH OUTPTNT	3	11	100.88		9.17	.031	33.63	.29
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPOR	T FOR JAN	2004 THRU I	DEC 2004	PAGE 9,891
MOP024	FEE-FOR-SERVICE	C/DENTAL						03/14/05
PLACER COUNTY		VICES FOR MINOR CONS	ENT AID CODES AID	CODE	S 7M 7P 7R	7 N		
I BRODIC COUNTY	SOIHHIN OF SERV	TODO TOTO TITIVOTO CONO.	1112 00220 1112	CODE	0 /11 /1 /10		ONTHLY AVERA	GE
350 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	7. 7.7	EDACE COCH		COST PER	COST PER
330 FFIGIPLES	OSEKS		EVLENDIIOVE2					
0.000,000,000,000,000,000,000,000,000,0	0.0	OR DAYS OF CARE	105 610 77			PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	80	415 \$	105,613.77	Ş	254.49	1.186		
COMM HOSP INPATIENT TOTAL	27	96	100,008.38		1041.75	.274	3704.01	285.74
HSC HOSPITALS	13	33	38,227.71		1158.42	.094	2940.59	109.22
NON-HSC HOSPITALS TOTAL	14	63	61,780.67		980.65	.180	4412.91	176.52
ACCOMMODATIONS	14	63	32,328.00		513.14	.180	2309.14	92.37
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00
	Ğ	-	• • •					

ALL OTHER ACCOM	14	63				513.14	.180		2309.14		92.37
ANCILLARIES	14	0		29,452.67		.00	.000		2103.76		84.15
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	65	319		5,605.39		17.57	.911		86.24		16.02
MEDICAL	5	5		218.07		43.61	.014		43.61		.62
SURGERY	6	6		212.06		35.34	.017		35.34		.61
PATHOLOGY	45	182		2,041.48		11.22	.520		45.37		5.83
RADIOLOGY	7	9		907.98		100.89	.026		129.71		2.59
ROOM USE	28	36		1,383.25		38.42 10.40	.103		49.40		3.95
CROSSOVERS/ALL OTH OUTPINT	22	81		842.55		10.40	.231		38.30		2.41
@STATE HOSPITAL	0	0	\$.00	\$.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	•	.00	·	.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	7	.00	-	.00	.000	т.	.00	Т	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	7	.00	-	.00	.000	т.	.00	Т	.00
INDEPENDENT FACILITY	0	Ő		.00		.00	.000		.00		.00
@LABORATORY FACILITY	95	260	\$	3,743.60	Ś		.743	Ś		Ś	10.70
PATHOLOGY	95	260	т	3,743.60	т	14.40	.743	Τ.	39.41	Τ	10.70
XO AND OTHERS	0	0		-		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	104	436	\$			53 27	1.246	Ś		S	66.36
CLINIC	77	350	т	23,226.41 13,992.83	т	39 98	1.000	Τ.	181.73	Τ	39.98
SURGICENTER	9	48		1,225.62			.137		136.18		3.50
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	18	38		8,007.96		210.74	.109		444.89		22.88
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		IRES N		ZPORT			DEC		ΡI	AGE 9,892
MOP024	FEE-FOR-SERVICE/DENTA		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1010 01110 .	2001 111110	יייי	2001	1.7	03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FO		CONSE	ENT AID CODES AID (CODES	7M 7P 7R	7 N				55/11/05
I IIIOIII OOONII	SOLUTION OF SERVICES IN		COMBE	III IIID CODEO AID C		, , , , , , , , , , , , , , , , , , , ,	M	ОИТ	HLY AVERA	GE -	
							111				

					1401	IUTI AAFVA	GE
USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
18	18	\$	1,890.00	\$ 105.00	.051 \$	105.00	\$ 5.40
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
18	18		1,890.00	105.00	.051	105.00	5.40
	18 0 0 0 0 0 0 0 0	OR DAYS OF CARE 18	OR DAYS OF CARE 18	OR DAYS OF CARE 18	OR DAYS OF CARE PER UNIT/DAY 18 18 1,890.00 \$ 105.00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00	USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES PER UNIT/DAY AVERAGE COST UNITS/DAYS PER UNIT/DAY PER ELIG 18 18 \$ 1,890.00 \$ 105.00 .051 \$ 0 0 .00 .00 .00 .000 .	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 18 18 \$ 1,890.00 \$ 105.00 .051 \$ 105.00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .0

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,893
MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

----- MONTHLY AVERAGE -----8,431 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE 2.052 \$ 185.40 \$ @TOTAL, ALL PROVIDERS 4,122 17,301 764,236.87 \$ 44.17 90.65 @PHYSICIANS SERVICES 1,786 4,097 183,303.76 \$ 44.74 .486 \$ 102.63 \$ 21.74 1,838 68,260.65 47.84 OUTPATIENT VISITS 1,427 37.14 .218 8.10 31.22 .00 51.74 932 37.75 OFFICE VISITS 1,127 35,185.55 .134 4.17 HOME VISITS 0 0 .00 .000 .00 .00 23,543.58 EMERGENCY ROOM 387 455 .054 60.84 2.79 PREVENTIVE CARE 1 1 37.39 37.39 .000 37.39 51 89 5,765.58 64.78 .011 113.05 OB VISITS/COMPRE PERI . 68 64.78 22.46 47.54 150 OTHER OUTPATIENT 166 3,728.55 .020 24.86 . 44 39 100 .012 INPATIENT VISITS 4,754.36 121.91 HOSPITAL VISITS 38 95 4,407.52 46.39 .011 115.99 5 CRITICAL CARE 346.84 69.37 .001 173.42 .04 .00 0 .00 .00 .000 SNF/ICF/TRANS IP CARE 13 10 503.03 38.69 .002 50.30 OPHTHALMOLOGICAL SERVICES .06 13 EXAMINATIONS 10 503.03 38.69 .002 50.30 .06 0 .00 SERVICES AND MATERIALS 0 .00 .00 .000 .00 26,323.29 21,831.79 46 32 INPATIENT HOSPITAL SURGERY 192 137.10 .023 572.25 3.12 4.3 21,831.79 507.72 .005 682.24 2.59 PRINCIPAL SURGEON 3 559.50 186.50 .000 186.50 .07 ASSISTANT SURGEON ANESTHESIOLOGIST 17 3,932.00 146 26.93 .017 231.29 . 47 122 258 17,080.86 66.20 OUTPATIENT SURGERY .031 140.01 2.03 109 133 PRINCIPAL SURGEON 105.53 .016 128.77 14,036.02 2 2 100.15 ASSISTANT SURGEON 200.30 .000 100.15 .02 17 123 2,844.54 23.13 .015 167.33 ANESTHESIOLOGIST .34 0 .00 .00 0 .00 .000 .00 DIALYSIS 138 191 PATHOLOGY 1,603.43 8.39 .023 11.62 .19 341 585 40,083.86 117.55 RADIOLOGY 68.52 .069 4.75 PSYCHIATRY 10 329.80 32.98 .001 32.98 .04

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	44	366		15,791.09		43.15	.043	358.89		1.87
OTHER SERVICES/ALL X-OVERS	130	544		8,573.39		15.76	.065	65.95		1.02
@PHARMACY	1,915	4,244	\$	208,473.61	\$	49.12	.503	\$ 108.86	\$	24.73
PRESCRIPTION DRUGS	1,902	3,998		205,063.14		51.29	.474	107.81		24.32
SNF/ICF	4	39		1,420.99		36.44	.005	355.25		.17
OUTPATIENTS	1,902	3 , 959		203,642.15		51.44	.470	107.07		24.15
MEDICAL SUPPLIES	44	246		3,410.47		13.86	.029	77.51		.40
@DENTIST	404	1,765	\$	55,028.00	\$	31.18	.209	\$ 136.21	\$	6.53
VISITS - DIAGNOSTIC	290	1,203		17,921.20		14.90	.143	61.80		2.13
ORAL SURGERY	46	99		5,358.25		54.12	.012	116.48		.64
DRUGS	17	18		415.00		23.06	.002	24.41		.05
ANESTHESIA	3	3		300.00		100.00	.000	100.00		.04
PERIODONTICS	2	2		138.00		69.00	.000	69.00		.02
ENDODONTICS	33	49		8,238.00		168.12	.006	249.64		.98
RESTORATIVE DENTISTRY	152	376		21,747.55		57.84	.045	143.08		2.58
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	1	1		50.00		50.00	.000	50.00		.01
SPACE MAINTAINERS	3	3		470.00		156.67	.000	156.67		.06
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	7	7		315.00		45.00	.001	45.00		.04
ALL OTHER SERVICES	9	4		75.00		18.75	.000	8.33		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MON	TH-OF-PAYMENT RE	PORT	FOR JAN	2004 THRU D	EC 2004	P	AGE 9,894
MOP024	FEE-FOR-SERVICE	/DENTAL								03/14/05
PLACER COUNTY	SUMMARY OF SERV	ICES FOR EDWARDS	CASES	S IN PA-FAMILIES		AID CODE	38			
							MO	NTHLY AVERA	GE ·	
8,431 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	66	183	\$	3,895.14	\$	21.28	.022	\$ 59.02	\$.46
DIAGNOSTIC AND ANC. PROCED	44	46		1,918.54		41.71	.005	43.60		.23
EYE APPLIANCES	49	135		1,947.19		14.42	.016	39.74		.23
OTHER OPTOMETRIC SERVICES	2	2		29.41		14.71	.000	14.71		.00

000000000000000000000000000000000000000	1.0	1.0	<u>^</u>	217 60	•	1 6 70	0.00	<u> </u>	0444	<u> </u>	0.4
@CHIROPRACTOR	13	19	\$	317.68	\$	16.72	.002	Ş	24.44	Ş	.04
VISITS	13	19		317.68		16.72	.002		24.44		.04
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	4	5	\$	243.80	\$	48.76	.001	\$	60.95	\$.03
MEDICINE/INJECTIONS	4	4		228.80		57.20	.000		57.20		.03
SURGERY/ANES.	1	1		15.00		15.00	.000		15.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
	0	0									
OTHER	0		۵	.00	<u> </u>	.00	.000	_	.00	<u> </u>	.00
@HOME HEALTH AGENCY	2	6	\$		\$	54.93	.001		164.80		.04
NURSE ANESTHESIST	1	4	Ş	62.92	\$	15.73		\$	62.92		.01
NURSE MIDWIFE	0	0	\$.00	\$.00	.000			\$.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	3	\$	94.82	\$	31.61	.000	\$	47.41	\$.01
@TOTAL HOSPITAL	720	2,980	Ś		\$	65.06	.353		269.28	Ś	23.00
HOSP INPATIENT TOTAL	36	99	'	124,458.65		1257.16	.012		3457.18		14.76
HSC HOSPITALS	27	64		79,900.18		1248.44	.008		2959.27		9.48
NON-HSC HOSPITAL TOTAL	10	35		44,558.47		1273.10	.004		4455.85		5.29
	10	35				493.49					
ACCOMMODATIONS				17,272.18			.004		1727.22		2.05
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	10	35		17,272.18		493.49	.004		1727.22		2.05
ANCILLARIES	10	0		27 , 286.29		.00	.000		2728.63		3.24
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	701	2,881		69,421.35		24.10	.342		99.03		8.23
MEDICAL	95	121		3,108.06		25.69	.014		32.72		.37
SURGERY	80	89		2,964.17		33.31	.011		37.05		.35
PATHOLOGY	256	1,049		11,437.30		10.90	.124		44.68		1.36
RADIOLOGY	165	226		16,387.69		72.51	.027		99.32		1.94
ROOM USE	556	710		26,175.18		36.87	.084		47.08		3.10
CROSSOVERS/ALL OTH OUTPTNT	282	686		9,348.95		13.63	.081		33.15		1.11
@COUNTY HOSPITAL TOTAL	1	1	\$	36.11	\$	36.11	.000	\$	36.11	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	0	0									
ALL OTHER ACCOM	•	-		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	1		36.11		36.11	.000		36.11		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
	· ·	•		36.11		36.11			36.11		
ROOM USE CROSSOVERS/ALL OTH OUTPINT	1 0	1		.00			.000				.00
		· ·				.00	.000	D = 0	.00	-	.00
	MEDI-CAL SERVICE		ES MON	NTH-OF-PAYMENT RE	SPOR	T FOR JAN .	2004 THRU	DEC	2004	PA	GE 9,895
MOP024	FEE-FOR-SERVICE/										03/14/05
PLACER COUNTY	SUMMARY OF SERVI	CES FOR EDWARDS	CASES	S IN PA-FAMILIES		AID CODE	38				
							M	ONT	HLY AVERA	GE -	
8,431 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER	С	OST PER
		OR DAYS OF CARE			PΕ	R UNIT/DAY	PER ELIG		USER	Ε	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	719	2,979		193,843.89	\$						
	. = -	-,		,		• • •					

COMM HOSP INPATIENT TOTAL	36	99		124,458.65		1257.16	.012	,	3457.18		14.76
HSC HOSPITALS	27	64		79,900.18		1248.44	.008		2959.27		9.48
NON-HSC HOSPITALS TOTAL	10	35		44,558.47		1273.10	.004		4455.85		5.29
ACCOMMODATIONS	10	35		17,272.18		493.49	.004		1727.22		2.05
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	10	35							1727.22		
ALL OTHER ACCOM	10	0		17,272.18		493.49	.004				2.05
ANCILLARIES	0			27,286.29		.00	.000		2728.63		3.24
INPATIENT CROSSOVERS		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	700	2,880		69,385.24		24.09	.342		99.12		8.23
MEDICAL	95	121		3,108.06		25.69	.014		32.72		.37
SURGERY	80	89		2,964.17		33.31	.011		37.05		.35
PATHOLOGY	256	1,049		11,437.30		10.90	.124		44.68		1.36
RADIOLOGY	165	226		16,387.69		72.51	.027		99.32		1.94
ROOM USE	555	709		26,139.07		36.87	.084		47.10		3.10
CROSSOVERS/ALL OTH OUTPTNT		686		9,348.95		13.63	.081		33.15		1.11
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000		.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000)	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000)	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000)	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000)	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000)	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000)	.00		.00
ICF DD	0	0		.00		.00	.000)	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000)	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	1	2	\$	40.23	\$	20.12	.000		40.23	\$.00
HOSPITAL BASED	1	2	·	40.23		20.12	.000		40.23	•	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	318	916	\$	13,023.67	\$	14.22	.109		40.95	Ś	1.54
PATHOLOGY	318	916	т.	13,023.67	4	14.22	.109		40.95	т.	1.54
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	367	697	\$	80,651.37	\$	115.71	.083		219.76	Ś	9.57
CLINIC	85	254	т.	6,791.12	4	26.74	.030		79.90	т.	.81
SURGICENTER	10	63		2,063.65		32.76	.007		206.37		.24
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	277	380		71,796.60		188.94	.045		259.19		8.52
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	FS MON		רק רק ד					D	AGE 9,896
MOP024	FEE-FOR-SERVICE		1101		11 01(1	1 1010 07110 7	2001 1111(, DEC	2001		03/14/05
PLACER COUNTY		ICES FOR EDWARDS	CASES	S IN DA-FAMILIES		AID CODE	3.8				03/14/03
I DACEN COUNTI	SOPPART OF SERV	TOES FOR EDWARDS	CADE	J IN IA PARILLES		AID CODE		момт	HLY AVERA	CF .	
8,431 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Д \/ F	RAGE COST					COST PER
0,101 111011110	OSERS	OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	236	2,380		24,892.28		10.46			105.48		
DURABLE MED. EQUIP.	17	2,300	Υ	1,061.89	Y	36.62	.003		62.46	Y	.13
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	47	398		5 , 538.02		13.91	.047		117.83		.66
HEDICAL INANSFORTATION	4 /	390		J, JJO.UZ		10.91	.04		111.03		.00

AMBULANCES/AIR TRANS	46	267		5 , 293.74	19.83	.032	115.08	.63
OTHER TRANS	1	130		234.40	1.80	.015	234.40	.03
OTHER SERVICES	1	1		9.88	9.88	.000	9.88	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	10	10		1,050.00	105.00	.001	105.00	.12
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	43	89		784.31	8.83	.011	18.24	.09
PHYSICAL THERAPIST	3	24		360.43	15.02	.003	120.14	.04
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	3		361.36	120.4	.000	180.68	.04
PROSTHETICS	2	3		361.36	120.4	.000	180.68	.04
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	8	34		977.77	28.7	.004	122.22	.12
HOSPICE SERVICES	2	61		8,304.54	136.1	.007	4152.27	.99
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	100	842		5,704.71	6.78	.100	57.05	.68
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000		.00
ALL OTHER PROVIDERS	6	890		749.25	.84			.09
@CALIF. CHILDREN SERVICES*	24	236	\$	4,827.73	\$ 20.4	.028	\$ 201.16	\$.57
@XOVER EXCLUDING STATE HOSP**	7	8	\$	103.13	\$ 12.89	.001	\$ 14.73	\$.01
A+ MOMATO TAL MURCE TIMES ARE STI	מתגמלותם ג מג זגם	TATEODATABLEON	THEN ON	TT 37 -				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,897
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
PLACER COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 269 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 4.699 \$ 148 1,264 \$ 86.25 736.59 \$ 405.26 @TOTAL, ALL PROVIDERS 109,014.65 @PHYSICIANS SERVICES 67 229 12,633.60 \$ 55.17 .851 \$ 188.56 \$ 46.97 49 .297 OUTPATIENT VISITS 80 3,644.37 45.55 74.37 13.55 28 35 35.64 .130 44.55 OFFICE VISITS 1,247.50 4.64 0 0 .00 .000 .00 HOME VISITS .00 .00 25 EMERGENCY ROOM 42 2,320.23 55.24 .156 92.81 8.63 0 .00 .00 .00 PREVENTIVE CARE .000 .00 .00 .00 0 0 .00 .000 OB VISITS/COMPRE PERI .00 .28 OTHER OUTPATIENT 3 76.64 25.55 .011 25.55 145.30 72.65 48.43 .011 .54 INPATIENT VISITS HOSPITAL VISITS 145.30 48.43 .011 72.65 .54 .00 .00 CRITICAL CARE .00 .000 .00 SNF/ICF/TRANS IP CARE .00 .00 .00 .000 OPHTHALMOLOGICAL SERVICES 0 .00 .00 .000 .00 .00 0 .00 .00 .00 EXAMINATIONS .000 .00 .00 0 .00 .00 .000 SERVICES AND MATERIALS .00 INPATIENT HOSPITAL SURGERY 63 4,674.53 74.20 .234 934.91 17.38 8 3,735.21 933.80 13.89 PRINCIPAL SURGEON 466.90 .030 106.85 .004 106.85 ASSISTANT SURGEON 106.85 .40 15.42 832.47 ANESTHESIOLOGIST 1 54 832.47 .201 3.09 OUTPATIENT SURGERY 11 14 1,218.55 87.04 .052 110.78 4.53 PRINCIPAL SURGEON 1,218.55 87.04 .052 110.78 4.53

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
3	6		12.34		2.06	.022		4.11		.05
26	54		2,676.88		49.57	.201	10	2.96		9.95
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
8	9		261.63		29.07	.033	3	2.70		.97
105	354	\$	29,093.47	\$	82.18	1.316	\$ 27	7.08	\$	108.15
104	348		28,688.32		82.44	1.294	27	5.85		106.65
2	31		1,377.71		44.44	.115	68	3.86		5.12
104	317		27,310.61		86.15	1.178	26	2.60		101.53
4	6		405.15		67.53	.022	10	1.29		1.51
13	60	\$	1,284.00	\$	21.40	.223	\$ 9	3.77	\$	4.77
9	44		610.00		13.86	.164	6	7.78		2.27
1	1		45.00		45.00	.004	4	5.00		.17
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
1	1		215.00		215.00	.004	21	5.00		.80
5	12		384.00		32.00	.045	7	6.80		1.43
2	2		30.00		15.00	.007	1	5.00		.11
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
1	0		.00		.00	.000		.00		.00
MEDI-CAL SERVICES AND I	EXPENDITU	JRES MONT	TH-OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC 200	4	P.	AGE 9,898
FEE-FOR-SERVICE/DENTAL										03/14/05
SUMMARY OF SERVICES FOR	R SSI AF	PEAL/NLI	DC IN PA-DISABLE	ED Al	D CODES	6N 6P				
	0 8 105 104 2 104 4 13 9 1 0 0 0 0 1 5 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 8 9 9 105 354 104 348 2 31 104 317 4 6 13 60 9 44 1 1 1 0 0 0 0 0 0 0 0 0 0 0 1 1 1 1	0 0 0 8 9 105 354 \$ 104 348 2 31 104 317 4 6 13 60 \$ 9 44 1 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 .00 0 1.00 3 6 12.34 26 54 2,676.88 0 0 0 .00 0 0 .00 8 9 261.63 105 354 \$ 29,093.47 104 348 28,688.32 2 31 1,377.71 104 317 27,310.61 4 6 405.15 13 60 \$ 1,284.00 9 44 610.00 1 1 1 45.00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 0	0 0 0 .00 0 0 0 .00 3 6 12.34 26 54 2,676.88 0 0 0 .00 0 0 .00 8 9 261.63 105 354 \$ 29,093.47 \$ 104 348 28,688.32 2 31 1,377.71 104 317 27,310.61 4 6 405.15 13 60 \$ 1,284.00 \$ 9 44 610.00 1 1 1 45.00 0 0 0 .00 0 0 0 .00 0 0 0 0 .00 0 0 0 0	0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .	0 0 .00 .00 .00 .000 3 6 12.34 2.06 .022 26 54 2,676.88 49.57 .201 0 0 .00 .00 .000 0 0 .00 .00 .000 8 9 261.63 29.07 .033 105 354 \$ 29,093.47 \$ 82.18 1.316 104 348 28,688.32 82.44 1.294<	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

FLACER COUNTI	SOMMANI OF SERV	VICES FOR	SSI AFFI	יו / וואני	NIDC IN FA DISABI	בת ענ	TD CODES OF	N OE				
								M	ONT	THLY AVERA	.GE	
269 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE			PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	3		8	\$	180.60	\$	22.58	.030	\$	60.20	\$.67
DIAGNOSTIC AND ANC. PROCED	2		2		94.90		47.45	.007		47.45		.35
EYE APPLIANCES	2		6		85.70		14.28	.022		42.85		.32
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	1		1	\$	9.50	\$	9.50	.004	\$	9.50	\$.04
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	1		1		9.50		9.50	.004		9.50		.04
@HOME HEALTH AGENCY	1		3	\$	224.58	\$	74.86	.011	\$	224.58	\$.83
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	39		395	\$	57 , 573.72	\$	145.76	1.468	\$	1476.25	\$	214.03
HOSP INPATIENT TOTAL	5		42		48,864.71		1163.45	.156		9772.94		181.65
HSC HOSPITALS	1		25		30,150.00		1206.00	.093		30150.00		112.08
NON-HSC HOSPITAL TOTAL	4		17		18,714.71		1100.87	.063		4678.68		69.57
ACCOMMODATIONS	4		17		7,113.20		418.42	.063		1778.30		26.44

TRANSITIONAL IP CARE ALL OTHER ACCOM ALL OTHER ACCOM AL OTHER ACCOM AL OTHER ACCOM ALCOTHER TROSSOVERS O O O O O O O O O O O O O O O O O O O	ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
ANCILIARIES 4 0 11,601.51 .00 .000 2900.38 43.13 INPATIENT CROSSOVERS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS 0 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .	ALL OTHER ACCOM	4	17	7,113.20	418.42	.063	1778.30	26.44
ALL OTHER INPATIENT 00 0 0 0.00 0.00 0.00 0.00 0.00 0.00	ANCILLARIES	4	0	11,601.51	.00	.000	2900.38	43.13
HOSP OUTPATIENT TOTAL 38 353 8,709.01 24.67 1.312 229.18 32.38 MEDICAL 12 20 428.33 21.42 .074 35.69 1.59 SURGERY 7 11 220.39 20.04 .041 31.48 .82 PATHOLOGY 21 147 1,338.89 9.11 .546 63.76 4.98 RADIOLOGY 18 43 3,798.21 88.33 .160 211.01 14.12 ROOM USE 29 52 1,987.41 38.22 .193 68.53 7.39 CROSSOVERS/ALL OTH OUTPINT 23 80 935.78 11.70 .297 40.69 3.48 COUNTY HOSPITAL TOTAL 0 0 5 .00 5 .00 0.00 5 .00 CO HOSPITAL INPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 NON-HSC HOSPITALS 0 0 0 0 .00 .00 .00 .00 NON-HSC HOSPITALS 0 0 0 0 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 ALL OTHER ACCOM 0 0 0 .00 .00 .00 .00 .00 ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 ALL OTHER INPATIENT TOTAL 0 0 0 .00 .00 .00 .00 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 CO HOSP OUTPATIENT TOTAL 0 0 .00 .00 .00 .00 .00 SURGERY 0 0 0 .00 .00 .00 .00 .00 .00 PATHOLOGY 0 0 0 .00 .00 .00 .00 .00 .00 ROOM USE .00 .00 .00 .00 .00 .00 .00 .00 ROOM USE .00 .00 .00 .00 .00 .00 .00 .00 .00 ROOM USE .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 ROOM USE .00	INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
MEDICAL 12 20 428.33 21.42 .074 35.69 1.59 SURGERY 7 11 220.39 20.04 .041 31.48 .82 PATHOLOGY 21 147 1,338.89 9.11 .546 63.76 4.98 RADIOLOGY 18 43 3,798.21 88.33 .160 211.01 14.12 ROM USE 29 52 1,887.41 38.22 .193 68.53 7.39 CROSSOVERS/ALL OTH OUTPTNT 23 80 935.78 11.70 .297 40.69 3.48 @COUNTY HOSPITAL TOTAL 0 0 0 .00	ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
SURGERY 7	HOSP OUTPATIENT TOTAL	38	353	8,709.01	24.67	1.312	229.18	32.38
PATHOLOGY 21 147 1,338.89 9.11 5.46 63.76 4.98 RADIOLOGY 18 43 3,798.21 88.33 1.60 211.01 14.12 ROOM USE 29 52 1,987.41 38.22 1.93 68.53 7.39 CROSSOVERS/ALL OTH OUTFINT 23 80 935.78 11.70 .297 40.69 3.48 QCOUNTY HOSPITAL TOTAL 0 0 \$.00 \$.	MEDICAL	12	20	428.33	21.42	.074	35.69	1.59
RADIOLOGY 18 43 3,798.21 88.33 .160 211.01 14.12 ROOM USE 29 52 1,987.41 38.22 .193 68.53 7.39 CROSSOVERS/ALL OTH OUTPINT 23 80 935.78 11.70 .297 40.69 3.48 CROSSOVERS/ALL OTH OUTPINT 23 80 935.78 11.70 .297 40.69 3.48 CROSSOVERS/ALL OTH OUTPINT 0 0 0 \$ 935.78 11.70 .297 40.69 3.48 CROSSOVERS/ALL OTH OUTPINT 0 0 0 \$ 935.78 11.70 .297 40.69 3.48 CROSSOVERS/ALL OTH OUTPINT 0 0 0 \$ 935.78 11.70 .297 40.69 3.48 CROSSOVERS/ALL OTH OUTPINT 0 0 0 \$ 935.78 11.70 .297 40.69 3.48 CROSSOVERS/ALL OTH OUTPINT 0 0 0 \$ 935.78 11.70 .297 40.69 3.48 CROSSOVERS/ALL OTH OUTPINT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SURGERY	7	11	220.39	20.04	.041	31.48	.82
ROOM USE	PATHOLOGY	21	147	1,338.89	9.11	.546	63.76	4.98
CROSSOVERS/ALL OTH OUTPINT 23	RADIOLOGY	18	43	3,798.21	88.33	.160	211.01	14.12
COUNTY HOSPITAL TOTAL 0	ROOM USE	29	52	1,987.41	38.22	.193	68.53	7.39
CO HOSPITAL INPATIENT TOTAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CROSSOVERS/ALL OTH OUTPINT	23	80	935.78	11.70	.297	40.69	3.48
HSC HOSPITALS 0 0 .00 .	@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
NON-HSC HOSPITALS TOTAL 0 0 .00	CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS 0 0 0 0 0 00 00 00 00 00 00 00 00 00 0	NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
ANCILLARIES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ANCILLARIES	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL 0 0 .00	INPATIENT CROSSOVERS	0	0	.00	.00		.00	
MEDICAL 0 0 .00 .00 .00 .00 .00 SURGERY 0 0 .00 .00 .00 .00 .00 .00 PATHOLOGY 0 0 .00 .00 .00 .00 .00 .00 RADIOLOGY 0 0 .00 .00 .00 .00 .00 .00 ROOM USE 0 0 .00 .00 .00 .00 .00 .00 CROSSOVERS/ALL OTH OUTPTNT 0 0 .00 .00 .00 .00 .00 .00	ALL OTHER INPATIENT	0	0		.00			
SURGERY 0 0 .00 .		0	0		.00			
PATHOLOGY 0 0 .00 </td <td>MEDICAL</td> <td>0</td> <td>0</td> <td>.00</td> <td>.00</td> <td></td> <td>.00</td> <td></td>	MEDICAL	0	0	.00	.00		.00	
RADIOLOGY 0 0 .00 .00 .00 .00 .00 ROOM USE 0 0 .00 .00 .00 .00 .00 .00 CROSSOVERS/ALL OTH OUTPTNT 0 0 .00 .00 .00 .00 .00 .00	SURGERY	0	0	.00	.00	.000	.00	.00
ROOM USE 0 0 .00	PATHOLOGY	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPINT 0 0 .00 .00 .00 .00 .00		0	0					
		0	0					
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9.899		0	0					
	#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU	DEC 2004	PAGE 9,899

MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P 03/14/05

FLACER COUNTI	SUMMARI OF SERVICES		EAL/ N	LDC IN FA-DISABLE	בא מיב	D CODES OF	V OF			C T	
269 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY BOOM USE		ma on anniitan		EXPENDITURES 57,573.72 48,864.71 30,150.00 18,714.71 7,113.20 .00 .00 7,113.20 11,601.51 .00 .00 8,709.01 428.33 .220.39 1,338.89 3,798.21 1,987.41 935.78 .00 .00	3.7.7	D3.00 0000	M	ION'I'I	HLY AVERA	.GE	
269 ELIGIBLES	USERS UNI	TS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
OCOMMUNITARY HOODITAL BORRE	OR	DAYS OF CARE	Ċ	E7 E72 70	PER	. UNIT/DAY	PER ELIG	i ,	USER	Ċ	ELIGIBLE
GCOMMUNITY HOSPITAL TOTAL	39	395	Þ	57,573.72 48,864.71	Ş	145.76	1.468	Ş	14/6.25	Ş	
COMM HOSP INPATIENT TOTAL	5	42		48,864./1		1163.45	.156		9//2.94		181.65
HSC HOSPITALS	1	25		30,150.00		1206.00	.093		30150.00		112.08
NON-HSC HOSPITALS TOTAL	4	1/		18,/14./1		1100.87	.063		46/8.68		69.57
ACCOMMODATIONS	4	17		7,113.20		418.42	.063		1778.30		26.44
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	4	17		7,113.20		418.42	.063		1778.30		26.44
ANCILLARIES	4	0		11,601.51		.00	.000		2900.38		43.13
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	38	353		8,709.01		24.67	1.312		229.18		32.38
MEDICAL	12	20		428.33		21.42	.074		35.69		1.59
SURGERY	7 21 18 29	11		220.39		20.04	.041		31.48		.82
PATHOLOGY	21	147		1,338.89		9.11	.546		63.76		4.98
RADIOLOGY	18	43		3,798.21		88.33	.160		211.01		14.12
ROOM USE	29	52		1,987.41		38.22	.193		68.53		7.39
CROSSOVERS/ALL OTH OUTPTNT	23	80		935.78		11.70	.297		40.69		3.48
@STATE HOSPITAL	0	43 52 80	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	т	.00	т	.00	.000	Τ.	.00	т	.00
DEVELOP. DISABLED	0	0		00		.00	000		00		
@NURSING FACILITY	0	0	\$.00	Ġ	.00	000	¢	.00	Ċ	.00
LEV A-INTERMEDIATE	0	0	٧	.00	٧	.00	.000			Y	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAD MD LEV B-SUBACUTE FREESTANDING	ŭ			.00		.00	000		0.0		.00
	0	0 0 0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0					.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		
LEV B-REGULAR	0 0 0 0	0	<u> </u>	.00	^	.00	.000		.00	<u> </u>	.00
@INTERMEDIATE CARE FACILDD	U	0	\$.00	\$.00	.000	Ş	.00	\$.00
ICF DDH	Ü	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC	0	0	\$.00	\$.00	.000		.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	9	27	\$	368.73	\$	13.66	.100	\$	40.97	\$	1.37
PATHOLOGY	9	27		368.73		13.66	.100		40.97		1.37
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	23	51	\$	5,169.61	\$	101.36	.190	\$	224.77	\$	19.22
CLINIC	2	3		42.49		14.16	.011		21.25		.16
SURGICENTER	0	0 0 0 27 27 0 51 3 0		42.49		.00	.000		.00		.00
HEROIN DETOX CLINIC	1	13		166.66		12.82	.048		.00 166.66		
RURAL HEALTH CLINIC	20	35		4.960.46		141.73	.130		248.02		18,44
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITUR	ES MO	NTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2004 THRII	DEC	2004	P	AGE 9.900
	FEE-FOR-SERVICE/DEN			01 1111111111111111111111111111111	01(1	2011 01111 2		200	2001		03/14/05
PLACER COUNTY	SUMMARY OF SERVICES		EAT./N	IDC IN PA-DISARIE	ZD AT	D CODES 6N	I 6P				00/14/00
I IIIODIK COOMII	SOMMINI OF SHIVIORS	TOIL DOT AFF	ריידי IN	TOO IN IN DICHDIII	בת עב	L CODEO OF	M	יידוו⊘ו	HT.Y AMEDA	CF	
260 FFFGFFF	HOEDO INT	ma on annii			7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	DAGE GOGE					

269 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	20	136 \$	2,476.84	\$ 18.21	.506 \$	123.84	\$ 9.21
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	11	95	2,033.51	21.41	.353	184.86	7.56
AMBULANCES/AIR TRANS	11	95	2,033.51	21.41	.353	184.86	7.56
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	2	4	90.11	22.53	.015	45.06	.33
OPTICIAN	2	4	33.28	8.32	.015	16.64	.12
PHYSICAL THERAPIST	3	10	139.57	13.96	.037	46.52	.52
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	21.30	21.30	.004	21.30	.08
PROSTHETICS	1	1	21.30	21.30	.004	21.30	.08
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	22	159.07	7.23	.082	79.54	.59
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	4	4 \$	110.34	\$ 27.59	.015 \$	27.59	\$.41
A* HOHATC THE HIDGE TIMES ARE CIV	שתתתתחשט א סג זאק	TATECDMANUTOM THEA	A CATE V.				

DEB HINTT/DAY DEB ELTC

AID CODE 1E

IICER

FLICIBLE

OR DAVS OF CARE

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PLACER COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,901 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED

----- MONTHLY AVERAGE -----339 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 300 6,030 \$ 396,442.69 \$ 65.75 17.788 \$ 1321.48 \$ 1169.45 @TOTAL, ALL PROVIDERS 43 1,198.35 \$ 27.87 \$ @PHYSICIANS SERVICES 54 22.19 .159 \$ 3.53 22.43 OUTPATIENT VISITS 1 22.43 22.43 .003 .07 22.43 22.43 22.43 OFFICE VISITS .003 .07 .00 HOME VISITS .00 .000 .00 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 .00 .000 .00 PREVENTIVE CARE .00 .00 OB VISITS/COMPRE PERI .00 .000 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 .00 .00 .00 INPATIENT VISITS .000 .00 .00 HOSPITAL VISITS .00 .00 .000 .00 CRITICAL CARE .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 0 .00 EXAMINATIONS .00 .000 .00 .00 SERVICES AND MATERIALS .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00		.00		.00
ASSISTANT SURGEON	0	0		.00	.00		.00		.00
ANESTHESIOLOGIST	0	0		.00	.00		.00		.00
DIALYSIS	0	0		.00	.00		.00		.00
PATHOLOGY	0	0		.00	.00		.00		.00
RADIOLOGY	0	0		.00	.00		.00		.00
PSYCHIATRY	0	0		.00	.00		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00		.00		.00
OTHER SERVICES/ALL X-OVERS	42	53		1,175.92	22.19		28.00		3.47
@PHARMACY	234	1,792	\$	65,721.50	\$ 36.67			Ś	193.87
PRESCRIPTION DRUGS	233	1,185	7	64,581.70	54.50		277.17	т.	190.51
SNF/ICF	101	608		32,069.82	52.75		317.52		94.60
OUTPATIENTS	135	577		32,511.88	56.35		240.83		95.91
MEDICAL SUPPLIES	11	607		1,139.80	1.88		103.62		3.36
@DENTIST	12	26	\$	2,109.00	\$ 81.12			Ś	6.22
VISITS - DIAGNOSTIC	9	15	7	400.00	26.67		44.44	т.	1.18
ORAL SURGERY	3	6		284.00	47.33		94.67		.84
DRUGS	0	0		.00	.00		.00		.00
ANESTHESIA	0	0		.00	.00		.00		.00
PERIODONTICS	0	0		.00	.00		.00		.00
ENDODONTICS	2	2		475.00	237.50		237.50		1.40
RESTORATIVE DENTISTRY	0	0		.00	.00		.00		.00
PROSTHETICS	0	0		.00	.00		.00		.00
DENTURES, STAYPLATES	2	3		950.00	316.67		475.00		2.80
SPACE MAINTAINERS	0	0		.00	.00		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00		.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00		.00		.00
ALL OTHER SERVICES	0	0		.00	.00		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	URES MO	ONTH-OF-PAYMENT R				Р	AGE 9,902
MOP024	FEE-FOR-SERVICE		01120 11	011111 01 11111111111111111111111111111		2001 111110	220 2001	-	03/14/05
PLACER COUNTY			CASES	- AGED IN PA-AGED	AID (CODE 1E			, , 30
				11022			MONTHLY AVERA	AGE	
339 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVERAGE CO		YS COST PER	-	COST PER

						1*10	OINI	TIITI AAFIVA	ظی	
339 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	8	21	\$ 396.81	\$	18.90	.062	\$	49.60	\$	1.17
DIAGNOSTIC AND ANC. PROCED	1	1	20.00		20.00	.003		20.00		.06
EYE APPLIANCES	6	17	297.35		17.49	.050		49.56		.88
OTHER OPTOMETRIC SERVICES	2	3	79.46		26.49	.009		39.73		.23
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	13	14	\$ 87.46	\$	6.25	.041	\$	6.73	\$.26
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	13	14	87.46		6.25	.041		6.73		.26
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

	_	_							
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		·
@TOTAL HOSPITAL	15	103	\$	3 , 156.00	\$	30.64	.304	•	•
HOSP INPATIENT TOTAL	3	0		2,414.86		.00	.000	804.95	7.12
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	ñ		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
	0	0							
INPATIENT CROSSOVERS	3	•		2,414.86		.00	.000	804.95	7.12
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	12	103		741.14		7.20	.304	61.76	2.19
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	12	103		741.14		7.20	.304	61.76	2.19
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000		
CO HOSPITAL INPATIENT TOTAL	Ô	0	7	.00	-	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
	0	0							
ADMINISTRATIVE DAYS	U	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	O	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	Û	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		FS MON		Z D \ D T				PAGE 9,903
MOP024	FEE-FOR-SERVICE/DENTA		LO MOI	III OF TATHENT RE	11 01(1	FOR OAN 2	LOUT THING DI	3C 2004	03/14/05
PLACER COUNTY	SUMMARY OF SERVICES		VCEC-	ACED IN DA-ACED		AID CODE	ים 1 י		03/14/03
FLACER COUNTI	SUMMARI OF SERVICES .	FOR CRAIG CA	-cac	AGED IN FA-AGED		AID CODE		NTHLY AVERA	~ TT
220 ELICIDIES	HOEDO HINTEN	OF CEDITOR		EXPENDIBLIBED	7. 7. 7. 7.	DACE COCH			
339 ELIGIBLES		S OF SERVICE		EXPENDITURES			UNITS/DAYS		COST PER
		DAYS OF CARE		0.156.00			PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	15	103	\$	3,156.00	\$.304		·
COMM HOSP INPATIENT TOTAL	3	0		2,414.86		.00	.000	804.95	7.12
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	3	0		2,414.86		.00	.000	804.95	7.12
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	12	103		741.14		7.20	.304	61.76	2.19
	0	103							
MEDICAL	U	U		.00		.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	12	103	741.14	7.20	.304	61.76	2.19
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	98	2,501	\$ 315,069.36	\$ 125.98	7.378	\$ 3214.99	\$ 929.41
LEV A-INTERMEDIATE	1	36	1,834.39	50.96	.106	1834.39	5.41
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	97	2,465	313,234.97	127.07	7.271	3229.23	924.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	1	\$ 59.37	\$ 59.37	.003	\$ 59.37	\$.18
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	1	59.37	59.37	.003	59.37	.18
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$ 20.34	\$ 20.34	.003	\$ 20.34	\$.06
PATHOLOGY	1	1	20.34	20.34	.003	20.34	.06
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	6	8	\$ 975.56	\$ 121.95	.024	\$ 162.59	\$ 2.88
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

RURAL HEALTH CLINIC 6 8 975.56 121.95 .024 162.59 2.88 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,904 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

PLACER COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

					MON	THLY AVERA	GE
339 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	36	1,509 \$	7,648.94	\$ 5.07	4.451	212.47	\$ 22.56
DURABLE MED. EQUIP.	3	8	338.98	42.37	.024	112.99	1.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	10	100	446.52	4.47	.295	44.65	1.32
AMBULANCES/AIR TRANS	2	7	140.98	20.14	.021	70.49	.42
OTHER TRANS	8	86	296.76	3.45	.254	37.10	.88
OTHER SERVICES	1	7	8.78	1.25	.021	8.78	.03
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	9	20	293.28	14.66	.059	32.59	.87
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	3	99.09	33.03	.009	33.03	.29
HOSPICE SERVICES	2	54	6,135.48	113.62	.159	3067.74	18.10
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	13	1,324	335.59	.25	3.906	25.81	.99
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	.00	\$.00
@XOVER EXCLUDING STATE HOSP**	92	785 \$	23,362.26	\$ 29.76	2.316	253.94	\$ 68.92
0* TOTALS IN THESE LINES ARE GIVEN	AS A SEPAR	RATE INFORMATION ITEM C	NLY;				

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,905
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
PLACER COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

						MON	THLY AVERA	GE -	
30 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	Ι	ELIGIBLE
@TOTAL, ALL PROVIDERS	19	388	\$	41,891.13	\$ 107.97	12.933 \$	2204.80	\$	1396.37
@PHYSICIANS SERVICES	2	2	\$	32.92	\$ 16.46	.067 \$	16.46	\$	1.10
OUTPATIENT VISITS	0	0		.00	.00	.000	.00		.00
OFFICE VISITS	0	0		.00	.00	.000	.00		.00
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	0	0		.00	.00	.000	.00		.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	2	2		32.92		16.46	.067		16.46		1.10
@PHARMACY	17	73 \$		5,178.00	\$	70.93	2.433	\$	304.59	\$	172.60
PRESCRIPTION DRUGS	16	69		4,871.15		70.60	2.300		304.45		162.37
SNF/ICF	12	56		3,899.63		69.64	1.867		324.97		129.99
OUTPATIENTS	4	13		971.52		74.73	.433		242.88		32.38
MEDICAL SUPPLIES	2	4		306.85		76.71	.133		153.43		10.23
@DENTIST	3	5 \$		133.00	\$	26.60	.167	\$	44.33	\$	4.43
VISITS - DIAGNOSTIC	1	2		10.00		5.00	.067		10.00		.33
ORAL SURGERY	1	1		45.00		45.00	.033		45.00		1.50
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	2	2		78.00		39.00	.067		39.00		2.60
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONTH-OF-	PAYMENT RE	EPORT	FOR JAN 2	2004 THRU	DEC	2004	PP	AGE 9,906
MOP024	FEE-FOR-SERVICE										03/14/05
PLACER COUNTY	SUMMARY OF SERV	ICES FOR CRAIG CASI	ES- BLIND	IN PA-BLIN	ND	AID CODE	E 2E				
							M	IONT	HLY AVERA	GE -	
30 ELIGIBLES	USERS	UNITS OF SERVICE	EXPE	NDITURES			UNITS/DAY		COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	;	USER	E	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	2	2 \$		11.78	\$	5.89	.067	\$	5.89	\$.39
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00

RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	2	2		11.78		5.89	.067		5.89		.39
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	S	.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	1		Ś	46.98	Ś	46.98		\$	46.98	Ś	1.57
HOSP INPATIENT TOTAL	0	0	7	.00	- T	.00	.000	т	.00	-	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		
ADMINISTRATIVE DAYS	0	0									.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0				.00	.000		.00		.00
ANCILLARIES	U	U		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1	1		46.98		46.98	.033		46.98		1.57
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	1	1		46.98		46.98	.033		46.98		1.57
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00			.00		
	0	0					.000				.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	U	U		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	S MON	ITH-OF-PAYMENT RE	POF	RT FOR JAN 2	2004 THRU D	EC 20	04	PA	GE 9,907
MOP024	FEE-FOR-SERVICE						_				03/14/05
PLACER COUNTY	SUMMARY OF SERV	ICES FOR CRAIG CA	SES-	BLIND IN PA-BLIN	1D	AID CODE					
							MO				
30 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	ΑV	ERAGE COST	UNITS/DAYS	COS	T PER	С	OST PER
		OR DAYS OF CARE			PE	ER UNIT/DAY			ISER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	1	\$	46.98	\$	46.98	.033	\$	46.98	\$	1.57
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	9	J									

ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1	1		46.98		46.98	.033		46.98		1.57
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	1	1		46.98		46.98	.033		46.98		1.57
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	·	.00	•	.00	.000	·	.00	•	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	10	305	\$	36,488.45	\$	119.63	10.167	\$	3648.85	\$	1216.28
LEV A-INTERMEDIATE	0	0	'	.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	Û	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	10	305		36,488.45		119.63	10.167		3648.85		1216.28
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	Υ	.00	Y	.00	.000	۲	.00	Υ	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	Y	.00	Ÿ	.00	.000	Y	.00	Ÿ	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	Y	.00	Ÿ	.00	.000	Y	.00	Ÿ	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
PATHOLOGY	0	0	Ą	.00	ې	.00	.000	Ą	.00	ې	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
	0	0	\$.00	\$.00	.000	\$.00	\$	
@ORGANIZED OUTPATIENT CLINIC CLINIC	0	0	Ą	.00	ې	.00	.000	Ą	.00	ې	.00
	0	0							.00		
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0				.00	.000				
RURAL HEALTH CLINIC	MEDI-CAL SERVICES AND	ū	IDEC MC	.00	- DODE		.000	DEC	.00	D	.00
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE/DENTA		JKES MC	NIH-OF-PAIMENI RE	LPORI	. FOR JAN	2004 IRKU	DEC	2004	P.	AGE 9,908 03/14/05
PLACER COUNTY	SUMMARY OF SERVICES FO		CACEC	- BLIND IN PA-BLIN	VID.	AID COD	ייט יי				03/14/03
PLACER COUNTY	SUMMARI OF SERVICES FO	JR CRAIG	CASES-	BLIND IN PA-BLIE	עע	AID COD			HLY AVERA	CE	
30 ELIGIBLES	USERS UNITS	OF SERVIC	יםי	EXPENDITURES	7/17/17	DACE COCH	UNITS/DAY		COST PER	_	COST PER
20 FILGIBLES		AYS OF CAF		EXPENDITORES		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0 O	\$.00	\$.00	.000		.00		.00
	0	0	۲	.00	ې	.00	.000	۲	.00	۲	.00
DURABLE MED. EQUIP.	0	0		.00			.000		.00		
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0									.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS		0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	6	5	\$	102.13	\$ 20.43	.167	\$ 17.02	\$ 3.40

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,909
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
PLACER COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

----- MONTHLY AVERAGE -----1,397 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 929 14,394 \$ 10.304 \$ 624.84 \$ 415.52 @TOTAL, ALL PROVIDERS 580,480.43 \$ 40.33 17,638.96 \$ @PHYSICIANS SERVICES 581 30.36 .416 \$ 81.29 \$ 12.63 217 52.16 OUTPATIENT VISITS 101 138 5,268.44 38.18 .099 3.77 70 93 30.14 40.04 2.01 OFFICE VISITS 2,802.91 .067

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	29	36	2,222.15	61.73	.026	76.63	1.59
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	9	9	243.38	27.04	.006	27.04	.17
INPATIENT VISITS	8	17	850.34	50.02	.012	106.29	.61
HOSPITAL VISITS	8	17	850.34	50.02	.012	106.29	.61
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	6	1,201.03	200.17	.004	300.26	.86
PRINCIPAL SURGEON	1	1	1,042.44	1042.44	.001	1042.44	.75
	0	0	•				.00
ASSISTANT SURGEON	3	5	.00	.00	.000	.00	
ANESTHESIOLOGIST	-		158.59	31.72	.004	52.86	.11
OUTPATIENT SURGERY	11	40	1,771.69	44.29	.029	161.06	1.27
PRINCIPAL SURGEON	8	10	1,176.53	117.65	.007	147.07	.84
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	30	595.16	19.84	.021	148.79	.43
DIALYSIS	1	3	169.80	56.60	.002	169.80	.12
PATHOLOGY	9	12	238.68	19.89	.009	26.52	.17
RADIOLOGY	49	94	4,606.96	49.01	.067	94.02	3.30
PSYCHIATRY	2	2	65.96	32.98	.001	32.98	.05
IMMUNIZATION AND INJECTION	3	53	451.36	8.52	.038	150.45	.32
OTHER SERVICES/ALL X-OVERS	88	216	3,014.70	13.96	.155	34.26	2.16
@PHARMACY	633	6 , 008 \$	201,578.45	\$ 33.55	4.301 \$	318.45	\$ 144.29
PRESCRIPTION DRUGS	623	2,528	198,268.82	78.43	1.810	318.25	141.92
SNF/ICF	69	463	29,885.59	64.55	.331	433.12	21.39
OUTPATIENTS	556	2,065	168,383.23	81.54	1.478	302.85	120.53
MEDICAL SUPPLIES	28	3,480	3,309.63	.95	2.491	118.20	2.37
@DENTIST	48	220 \$	6,694.60	\$ 30.43	.157 \$	139.47	\$ 4.79
VISITS - DIAGNOSTIC	32	164	1,889.60	11.52	.117	59.05	1.35
ORAL SURGERY	9	19	1,053.00	55.42	.014	117.00	.75
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	3	4	436.00	109.00	.003	145.33	.31
ENDODONTICS	1	1	330.00	330.00	.001	330.00	.24
RESTORATIVE DENTISTRY	14	23	1,236.00	53.74	.016	88.29	.88
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	4	6	1,750.00	291.67	.004	437.50	1.25
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
	2	3					.00
ALL OTHER SERVICES		ES AND EXPENDITURES M	.00	.00	.002	.00	
#CALIF DEPT OF HEALTH SERV			ONTH-OF-PAIMENT R	EPORT FOR JAN .	2004 THRU DE	L 2004	PAGE 9,910
MOPO24	FEE-FOR-SERVICE		DIGABLES TO TO	DIGIDIES 3.55 ~	ODE (E		03/14/05
PLACER COUNTY	SUMMARY OF SERV	ICES FOR CRAIG CASES	- DISABLED IN PA-	DISABLED AID C			
1 200							GE
1,397 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	19	52 \$	1,035.59		.037 \$		•
DIAGNOSTIC AND ANC. PROCED	8	8	311.27	38.91		38.91	.22
EYE APPLIANCES	15	44	724.32	16.46	.031	48.29	. 52

44

0

15

0

OTHER OPTOMETRIC SERVICES

724.32

.00

.00

.000

.00

.52

.00

@CHIROPRACTOR	1	1	\$ 16.72	\$ 16.72	.001	\$ 16.72	\$.01
VISITS	1	1	16.72		.001	16.72	.01
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	13	13	\$ 65.67		.009		\$.05
MEDICINE/INJECTIONS	0	0	.00	·	.000	.00	.00
SURGERY/ANES.	0	0	.00		.000	.00	.00
RADIO./PATHOLOGY	0	0	.00		.000	.00	.00
OTHER	13	13	65.67	5.05	.009	5.05	.05
@HOME HEALTH AGENCY	0	0	\$.00		.000		
NURSE ANESTHESIST	1		\$ 3.52		.001		
NURSE MIDWIFE	0		\$.00	·	.000		\$.00
PEDIATRIC NURSE PRACTITIONER	0		\$.00		.000		
FAMILY NURSE PRACTITIONER	0		\$.00		.000		\$.00
@TOTAL HOSPITAL	120	836	\$ 44,658.16		.598		
HOSP INPATIENT TOTAL	8	15	27,610.97		.011	3451.37	19.76
HSC HOSPITALS	3	10	14,072.00		.007	4690.67	10.07
NON-HSC HOSPITAL TOTAL	2	5	11,156.97		.004	5578.49	7.99
ACCOMMODATIONS	2	5	3,084.30		.004	1542.15	2.21
ADMINISTRATIVE DAYS	0	0	.00		.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.000	.00	.00
ALL OTHER ACCOM	2	5	3,084.30		.004	1542.15	2.21
ANCILLARIES	2	0	8,072.67		.000	4036.34	5.78
INPATIENT CROSSOVERS	3	0	2,382.00		.000	794.00	1.71
ALL OTHER INPATIENT	0	0	.00		.000	.00	.00
HOSP OUTPATIENT TOTAL	115	821	17,047.19		.588	148.24	12.20
MEDICAL	16	25	645.79		.018	40.36	.46
SURGERY	8	11	348.56	31.69	.008	43.57	.25
PATHOLOGY	47	202	3,192.78	15.81	.145	67.93	2.29
RADIOLOGY	24	35	2,827.05	80.77	.025	117.79	2.02
ROOM USE	53	71	2,619.02	36.89	.051	49.42	1.87
CROSSOVERS/ALL OTH OUTPTNT	58	477	7,413.99	15.54	.341	127.83	5.31
@COUNTY HOSPITAL TOTAL	1	1	\$ 33.00	\$ 33.00	.001	\$ 33.00	\$.02
CO HOSPITAL INPATIENT TOTAL		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.000	.00	.00
ALL OTHER ACCOM	0	0	.00		.000	.00	.00
ANCILLARIES	0	0	.00		.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00		.000	.00	.00
ALL OTHER INPATIENT	0	0	.00		.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	33.00		.001	33.00	.02
MEDICAL	0	0	.00		.000	.00	.00
SURGERY	0	0	.00		.000	.00	.00
PATHOLOGY	0	0	.00		.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	33.00		.001	33.00	.02
CROSSOVERS/ALL OTH OUTPINT		0	.00.		.000		.00
			S MONTH-OF-PAYMENT	REPORT FOR JAN	2004 THRU D	EC 2004	•
MOP024	FEE-FOR-SERVIC		CEC DICADIED IN DA	DICADIED AID	CODE CE		03/14/05
PLACER COUNTY	SUMMAKI OF SER	VICES FOR CRAIG CA	SES- DISABLED IN PA	-DISARPED WID		יים מוזא עדט חוא.	GE
1,397 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COS	T UNITS/DAYS		COST PER
1,00/ 50101000	051175	OR DAYS OF CARE	LIL BINDITONES	PER UNIT/DA		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	119		\$ 44,625.16		.598		
000000000000000000000000000000000000000	**>	000	11,020.10	7 00.11	• 0 3 0	, 3,3.00	. 01.01

HSC HOSPITALS	10.07 7.99 2.21 .00 .00 2.21 5.78 1.71 .00 12.18 .46 .25 2.29 2.02 1.85 5.31 .00 .00 .00
ACCOMMODATIONS 2 5 3,084.30 616.86 .004 1542.15 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00 ALL OTHER ACCOM 2 5 3,084.30 616.86 .004 1542.15 ANCILLARIES 2 0 8,072.67 .00 .00 .00 4036.34 INPATIENT CROSSOVERS 3 0 2,382.00 .00 .00 .00 794.00 ALL OTHER INPATIENT 0 0 0 0 .00 .00 .00 .00 .00 COMM HOSP OUTPATIENT TOTAL 114 820 17,014.19 20.75 .587 149.25 MEDICAL 16 25 645.79 25.83 .018 40.36 SURGERY 8 11 348.56 31.69 .008 43.57 PATHOLOGY 47 202 3,192.78 15.81 .145 67.93 RADIOLOGY 24 35 2,827.05 80.77 .025 117.79 ROOM USE 52 70 2,586.02 36.94 .050 49.73 CROSSOVERS/ALL OTH OUTPTNT 58 477 7,413.99 15.54 .341 127.83 CROSSOVERS/ALL OTH OUTPTNT 58 477 7,413.99 15.54 .341 127.83 ESTATE HOSPITAL 0 0 0 \$.00 \$.00 .00 .00 \$.00 DEVELOP. DISABLED 0 0 0 .00 .00 .00 .00 .00 @NURSING FACILITY 45 1,415 \$ 172,885.45 \$ 122.18 1.013 \$ 3841.90 \$ LEV B-SUBACUTE FREESTANDING 0 .00 .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING 0 .00 .00 .00 .00 .00 .00 .00 .00 .00	2.21 .00 .00 2.21 5.78 1.71 .00 12.18 .46 .25 2.29 2.02 1.85 5.31 .00 .00 .00
ADMINISTRATIVE DAYS O TRANSITIONAL IP CARE O O O O O O O O O O O O O O O O O O O	.00 .00 2.21 5.78 1.71 .00 12.18 .46 .25 2.29 2.02 1.85 5.31 .00 .00 .00
TRANSITIONAL IP CARE 0 0 0 0.00 .00 .00 .00 .00 ALL OTHER ACCOM 2 5 3,084.30 616.86 .004 1542.15 ANCILIARIES 2 0 8,072.67 .00 .000 4036.34 INPATIENT CROSSOVERS 3 0 2,382.00 .00 .000 .000 794.00 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .000 .000 .000 .000	.00 2.21 5.78 1.71 .00 12.18 .46 .25 2.29 2.02 1.85 5.31 .00 .00 123.75
ALL OTHER ACCOM 2 5 3,084.30 616.86 .004 1542.15 ANCILLARIES 2 0 8,072.67 .00 .000 4036.34 INPATIENT CROSSOVERS 3 0 2,382.00 .00 .000 .000 794.00 ALL OTHER INPATIENT 0 0 0 .00 .00 .000 .000 .000 .000 .00	2.21 5.78 1.71 .00 12.18 .46 .25 2.29 2.02 1.85 5.31 .00 .00 .00 123.75 .00
ANCILLARIES 2 0 8,072.67 .00 .000 4036.34 INPATIENT CROSSOVERS 3 0 2,382.00 .00 .000 794.00 ALL OTHER INPATIENT 0 0 0 .00 .000 .000 .000 .000 .000 .0	5.78 1.71 .00 12.18 .46 .25 2.29 2.02 1.85 5.31 .00 .00 123.75
ANCILLARIES 2 0 8,072.67 .00 .000 4036.34 INPATIENT CROSSOVERS 3 0 2,382.00 .00 .000 794.00 ALL OTHER INPATIENT 0 0 0 .00 .000 .000 .000 .000 .000 .0	5.78 1.71 .00 12.18 .46 .25 2.29 2.02 1.85 5.31 .00 .00 123.75
INPATIENT CROSSOVERS 3	.00 12.18 .46 .25 2.29 2.02 1.85 5.31 .00 .00 .00
ALL OTHER INPATIENT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 12.18 .46 .25 2.29 2.02 1.85 5.31 .00 .00 .00
COMM HOSP OUTPATIENT TOTAL 114	12.18 .46 .25 2.29 2.02 1.85 5.31 .00 .00 .00
MEDICAL 16 25 645.79 25.83 .018 40.36 SURGERY 8 11 348.56 31.69 .008 43.57 PATHOLOGY 47 202 3,192.78 15.81 .145 67.93 RADIOLOGY 24 35 2,827.05 80.77 .025 117.79 ROOM USE 52 70 2,586.02 36.94 .050 49.73 CROSSOVERS/ALL OTH OUTPTNT 58 477 7,413.99 15.54 .341 127.83 @STATE HOSPITAL 0 0 \$.00 \$.00 .00 .00 \$ MENTALLY ILL 0 0 0 .00 </td <td>.46 .25 2.29 2.02 1.85 5.31 .00 .00 .00</td>	.46 .25 2.29 2.02 1.85 5.31 .00 .00 .00
SURGERY 8 11 348.56 31.69 .008 43.57 PATHOLOGY 47 202 3,192.78 15.81 .145 67.93 RADIOLOGY 24 35 2,827.05 80.77 .025 117.79 ROOM USE 52 70 2,586.02 36.94 .050 49.73 CROSSOVERS/ALL OTH OUTPINT 58 477 7,413.99 15.54 .341 127.83 @STATE HOSPITAL 0 0 \$.00 \$.00 .00 \$ MENTALLY ILL 0 0 0 .00	.25 2.29 2.02 1.85 5.31 .00 .00 .00
PATHOLOGY 47 202 3,192.78 15.81 .145 67.93 RADIOLOGY 24 35 2,827.05 80.77 .025 117.79 ROOM USE 52 70 2,586.02 36.94 .050 49.73 CROSSOVERS/ALL OTH OUTPTNT 58 477 7,413.99 15.54 .341 127.83 @STATE HOSPITAL 0 0 0 \$.00 \$.00 .000 \$.00 \$ MENTALLY ILL 0 0 0 0 .00 .00 .00 .00 .00 DEVELOP. DISABLED 0 0 0 .00 .00 .00 .00 .00 @NURSING FACILITY 45 1,415 \$ 172,885.45 \$ 122.18 1.013 \$ 3841.90 \$ LEV A-INTERMEDIATE 0 0 0 .00 .00 .00 .00 LEV B-REHAB MD 0 0 0 .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING 0 0 0 .00 .00 .00 .00 LEV B-SUBACUTE HSPTL BASED 0 0 0 .00 .00 .00 .00	2.29 2.02 1.85 5.31 .00 .00 .00
RADIOLOGY 24 35 2,827.05 80.77 .025 117.79 ROOM USE 52 70 2,586.02 36.94 .050 49.73 CROSSOVERS/ALL OTH OUTPTNT 58 477 7,413.99 15.54 .341 127.83 (STATE HOSPITAL 0 0 0 \$.00 \$	2.02 1.85 5.31 .00 .00 .00 123.75
ROOM USE 52 70 2,586.02 36.94 .050 49.73 CROSSOVERS/ALL OTH OUTPINT 58 477 7,413.99 15.54 .341 127.83 @STATE HOSPITAL 0 0 \$.00 \$.00 .00 \$ MENTALLY ILL 0 0 0 .00<	1.85 5.31 .00 .00 .00 123.75
CROSSOVERS/ALL OTH OUTPTNT 58 477 7,413.99 15.54 .341 127.83 @STATE HOSPITAL 0 0 \$.00 \$.00 .00 .00 \$ MENTALLY ILL 0 0 0 .00	5.31 .00 .00 .00 123.75 .00
@STATE HOSPITAL 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00	.00 .00 .00 123.75
MENTALLY ILL 0 0 .0	.00 .00 123.75 .00
DEVELOP. DISABLED 0 0 .00 .00 .00 .00 .00 @NURSING FACILITY 45 1,415 \$ 172,885.45 \$ 122.18 1.013 \$ 3841.90 \$ LEV A-INTERMEDIATE 0 0 .00 .00 .00 .00 .00 LEV B-REHAB MD 0 0 .00 .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING 0 0 .00 .00 .00 .00 .00 LEV B-SUBACUTE HSPTL BASED 0 0 .00 .00 .00 .00	.00 123.75 .00
@NURSING FACILITY 45 1,415 \$ 172,885.45 \$ 122.18 1.013 \$ 3841.90 \$ LEV A-INTERMEDIATE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	123.75 .00
LEV A-INTERMEDIATE 0 0 .00 .00 .00 .00 LEV B-REHAB MD 0 0 .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING 0 0 .00 .00 .00 .00 LEV B-SUBACUTE HSPTL BASED 0 0 .00 .00 .00 .00	.00
LEV B-REHAB MD 0 0 .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING 0 0 .00 .00 .00 .00 LEV B-SUBACUTE HSPTL BASED 0 0 .00 .00 .00 .00	
LEV B-SUBACUTE FREESTANDING 0 0 .00 .00 .00 .00 LEV B-SUBACUTE HSPTL BASED 0 0 .00 .00 .00 .00	(11)
LEV B-SUBACUTE HSPTL BASED 0 0 .00 .00 .00	
	.00
LEV B-TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00	.00
	.00
	123.75
@INTERMEDIATE CARE FACILDD 16 445 \$ 89,096.73 \$ 200.22 .319 \$ 5568.55 \$	63.78
ICF DDH 0 0 .00 .00 .00 .00	.00
ICF DD 0 .00 .00 .00 .00	.00
ICF DDN/DDCN 16 445 89,096.73 200.22 .319 5568.55	63.78
@HEMODIALYSIS TOTAL 14 16 \$ 5,131.96 \$ 320.75 .011 \$ 366.57 \$	3.67
HOSPITAL BASED 0 0 .00 .00 .00 .00	.00
HEMODIALYSIS CENTER 14 16 5,131.96 320.75 .011 366.57	3.67
@REHABILITATION FACILITY 1 1 1 \$ 110.17 \$ 110.17 .001 \$ 110.17 \$.08
HOSPITAL BASED 1 1 110.17 110.17 .001 110.17	.08
INDEPENDENT FACILITY 0 0 .00 .00 .00 .00	.00
@LABORATORY FACILITY 20 110 \$ 1,167.58 \$ 10.61 .079 \$ 58.38 \$.84
PATHOLOGY 20 110 1,167.58 10.61 .079 58.38	.84
XO AND OTHERS 0 0 .00 .00 .00 .00	.00
@ORGANIZED OUTPATIENT CLINIC 68 134 \$ 15,036.05 \$ 112.21 .096 \$ 221.12 \$	10.76
CLINIC 2 15 200.66 13.38 .011 100.33	.14
SURGICENTER 1 5 181.21 36.24 .004 181.21	.13
HEROIN DETOX CLINIC 1 9 104.85 11.65 .006 104.85	.08
RURAL HEALTH CLINIC 64 105 14,549.33 138.57 .075 227.33	10.41
	E 9,912
MOP024 FEE-FOR-SERVICE/DENTAL	03/14/05
PLACER COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E	33/14/03
FLACER COUNTY SUMMARY OF SERVICES FOR CRAIG CASES DISABLED IN FA-DISABLED AID CODE OF MONTHLY AVERAGE	
	ST PER
	IGIBLE
QALL OTHER PROVIDERS 152 4,561 \$ 25,360.82 \$ 5.56 3.265 \$ 166.85 \$	18.15
DURABLE MED. EQUIP. 4 16 259.49 16.22 .011 64.87	.19
BLOOD BANK 0 0 .00 .00 .000 .00	.00
HEARING AID DISPENSERS 0 0 .00 .00 .00 .00	
MEDICAL TRANSPORTATION 37 2,200 7,022.01 3.19 1.575 189.78	.00 5.03

AMBULANCES/AIR TRANS	10	83	1,468.09	1	7.69	.059	14	6.81	1.05
OTHER TRANS	26	2,096	5,546.00		2.65	1.500	21	3.31	3.97
OTHER SERVICES	1	21	7.92		.38	.015		7.92	.01
ACUPUNCTURE	0	0	.00		.00	.000		.00	.00
ADULT DAY HEALTH CARE CTR	4	76	5,288.08	6	9.58	.054	132	2.02	3.79
GENETIC DISEASE TESTING	0	0	.00		.00	.000		.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000		.00	.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000		.00	.00
OPTICIAN	21	49	473.36		9.66	.035	2	2.54	.34
PHYSICAL THERAPIST	0	0	.00		.00	.000		.00	.00
PORTABLE X-RAY	1	3	81.00	2	7.00	.002	8	1.00	.06
PROSTHETIST/ORTHOTISTS	1	2	45.98		2.99	.001	4	5.98	.03
PROSTHETICS	1	2	45.98	2	2.99	.001	4	5.98	.03
ORTHOTICS	0	0	.00		.00	.000		.00	.00
PSYCHOLOGIST	0	0	.00		.00	.000		.00	.00
SPEECH AND AUDIOLOGY	24	97	4,865.80	5	0.16	.069	20	2.74	3.48
HOSPICE SERVICES	1	17	2,060.81	12	1.22	.012	206	0.81	1.48
NONINST BIRTHING CENTERS	0	0	.00		.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	38	931	3,745.22		4.02	.666	9	8.56	2.68
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000		.00	.00
ALL OTHER PROVIDERS	28	1,170	1,519.07		1.30	.838	5	4.25	1.09
@CALIF. CHILDREN SERVICES*	12	55	\$ •		0.29	.039		5.51	\$ 4.34
@XOVER EXCLUDING STATE HOSP**	128	798	\$ 20,363.21	\$ 2	5.52	.571	\$ 15	9.09	\$ 14.58

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,913
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
PLACER COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

----- MONTHLY AVERAGE -----1,766 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1,248 20,812 \$ 11.785 \$ 1,018,814.25 \$ 48.95 816.36 \$ 576.91 @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES 262 637 18,870.23 \$ 29.62 .361 \$ 72.02 \$ 10.69 102 OUTPATIENT VISITS 139 5,290.87 38.06 .079 51.87 3.00 71 2,825.34 30.06 .053 39.79 OFFICE VISITS 0 HOME VISITS 0 .00 .000 .00 .00 .00 29 36 EMERGENCY ROOM 2,222.15 61.73 .020 76.63 1.26 0 .00 .00 .00 PREVENTIVE CARE .000 0 .00 0 .00 .000 .00 OB VISITS/COMPRE PERI .00 OTHER OUTPATIENT 9 243.38 27.04 .005 27.04 .14 106.29 17 850.34 50.02 .010 INPATIENT VISITS HOSPITAL VISITS 17 850.34 50.02 .010 106.29 .48 CRITICAL CARE 0 .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 0 .00 .00 EXAMINATIONS .000 .00 .00 .00 .00 .000 .00 SERVICES AND MATERIALS 1,201.03 200.17 INPATIENT HOSPITAL SURGERY .003 300.26 .68 .59 1 1,042.44 1042.44 .001 1042.44 PRINCIPAL SURGEON .00 .00 .000 .00 ASSISTANT SURGEON .00 3 5 ANESTHESIOLOGIST 158.59 31.72 .003 52.86 .09 1,771.69 44.29 161.06 OUTPATIENT SURGERY 11 40 .023 1.00 PRINCIPAL SURGEON 1,176.53 117.65 .006 147.07 . 67

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

0	0		.00		.00	.000		.00		.00
4	30		595.16		19.84	.017		148.79		.34
1	3		169.80		56.60	.002		169.80		.10
9	12		238.68		19.89	.007		26.52		.14
49	94		4,606.96		49.01	.053		94.02		2.61
2	2		65.96		32.98	.001		32.98		.04
3	53		451.36		8.52	.030		150.45		.26
132	271		4,223.54		15.59	.153		32.00		2.39
884	7,873	\$	272,477.95	\$	34.61	4.458	\$	308.23	\$	154.29
872	3,782		267,721.67		70.79	2.142		307.02		151.60
182	1,127		65,855.04		58.43	.638		361.84		37.29
695	2,655		201,866.63		76.03	1.503		290.46		114.31
41	4,091		4,756.28		1.16	2.317		116.01		2.69
	251	\$	8,936.60	\$	35.60		\$	141.85	\$	5.06
	181		2,299.60			.102		54.75		1.30
13	26		•		53.15	.015				.78
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
3	4		436.00			.002		145.33		.25
3	3		805.00	2	68.33	.002		268.33		.46
16	25		1,314.00		52.56	.014				.74
0	0		.00		.00	.000				.00
6	9		•	3						1.53
0	0									.00
0	0									.00
0	0									.00
0	0									.00
2	3									.00
		IRES MC	NTH-OF-PAYMENT RE	EPORT I	'OR JAN	I 2004 THRU	DEC	2004	P.F	AGE 9,914
										03/14/05
SUMMARY OF SERVICES FO	OR CRAIG	CASES-	- TOTAL IN PA-TOTA	ΑL						
	49 2 3 132 884 872 182 695 41 63 42 13 0 0 3 3 3 16 0 0 6 0 0 2 MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA	1 3 9 12 49 94 2 2 2 3 53 132 271 884 7,873 872 3,782 182 1,127 695 2,655 41 4,091 63 251 42 181 13 26 0 0 0 0 0 3 4 3 3 16 25 0 0 0 0 6 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 3 9 12 49 94 22 2 3 53 132 271 884 7,873 \$ 872 3,782 182 1,127 695 2,655 41 4,091 63 251 \$ 42 181 13 26 0 0 0 0 0 3 4 3 3 16 25 0 0 0 6 9 0 0 0 6 9 0 0 0 0 0 0 0 0 0 0	4 30 595.16 1 3 169.80 9 12 238.68 49 94 4,606.96 2 2 2 65.96 3 53 451.36 132 271 4,223.54 884 7,873 \$ 272,477.95 872 3,782 267,721.67 182 1,127 65,855.04 695 2,655 201,866.63 41 4,091 4,756.28 63 251 \$ 8,936.60 42 181 2,299.60 13 26 1,382.00 0 0 0 .00 0 0 0 .00 0 0 0 0 .00 0 0 0 0	4 30 595.16 1 3 169.80 9 12 238.68 49 94 4,606.96 2 2 2 65.96 3 53 451.36 132 271 4,223.54 884 7,873 \$ 272,477.95 \$ 872 3,782 267,721.67 182 1,127 65,855.04 695 2,655 201,866.63 41 4,091 4,756.28 63 251 \$ 8,936.60 \$ 42 181 2,299.60 13 26 1,382.00 0 0 0 00 0 0 0 00 3 44 436.00 1 3 3 3 805.00 2 16 25 1,314.00 0 0 0 0 00 6 9 2,700.00 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4 30 595.16 19.84 1 3 169.80 56.60 9 12 238.68 19.89 49 94 4,606.96 49.01 2 2 2 65.96 32.98 3 53 451.36 8.52 132 271 4,223.54 15.59 884 7,873 \$ 272,477.95 \$ 34.61 872 3,782 267,721.67 70.79 182 1,127 65,855.04 58.43 695 2,655 201,866.63 76.03 41 4,091 4,756.28 1.16 63 251 \$ 8,936.60 \$ 35.60 42 181 2,299.60 12.70 13 26 1,382.00 53.15 0 0 0 0 .00 .00 0 0 0 0.00 3 4 436.00 109.00 3 4 436.00 109.00 3 4 436.00 109.00 3 4 436.00 109.00 6 9 2,700.00 300.00 6 9 2,700.00 300.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4 30 595.16 19.84 .017 1 3 169.80 56.60 .002 9 12 238.68 19.89 .007 49 94 4,606.96 49.01 .053 2 2 65.96 32.98 .001 3 53 451.36 8.52 .030 132 271 4,223.54 15.59 .153 884 7,873 272,477.95 \$ 34.61 4.458 872 3,782 267,721.67 70.79 2.142 182 1,127 65,855.04 58.43 .638 695 2,655 201,866.63 76.03 1.503 41 4,091 4,756.28 1.16 2.317 63 251 \$ 8,936.60 \$ 35.60 .142 42 181 2,299.60 12.70 .102 13 26 1,382.00 53.15 .015 0 0 .00	4 30 595.16 19.84 .017 1 3 169.80 56.60 .002 9 12 238.68 19.89 .007 49 94 4,606.96 49.01 .053 2 2 2 665.96 32.98 .001 3 53 451.36 8.52 .030 132 271 4,223.54 15.59 .153 884 7,873 \$ 272,477.95 \$ 34.61 4.458 \$ 872 3,782 267,721.67 70.79 2.142 182 1,127 65,855.04 58.43 .638 695 2,655 201,866.63 76.03 1.503 41 4,091 4,756.28 1.16 2.317 63 251 \$ 8,936.60 \$ 35.60 .142 \$ 42 181 2,299.60 12.70 .102 13 26 1,382.00 53.15 .015 0 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .0	4 30	4 30 595.16 19.84 .017 148.79 1 3 169.80 56.60 .002 169.80 9 12 238.68 19.89 .007 26.52 49 94 4,606.96 49.01 .053 94.02 2 2 2 665.96 32.98 .001 32.98 3 53 451.36 8.52 .030 150.45 132 271 4,223.54 15.59 .153 32.00 884 7,873 \$ 272,477.95 \$ 34.61 4.458 \$ 308.23 \$ 872 3,782 267,721.67 70.79 2.142 307.02 182 1,127 65,855.04 58.43 6.638 361.84 695 2,655 201,866.63 76.03 1.503 290.46 41 4,091 4,756.28 11.6 2.317 116.01 63 251 \$ 8,936.60 \$ 35.60 .142 \$ 141.85 \$ 42 181 2,299.60 12.70 .102 54.75 13 26 1,382.00 53.15 .015 106.31 0 0 0 .00 .00 .00 .00 .00 0 0 0 .00 .00

----- MONTHLY AVERAGE -----

1,766 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER		ST PER IGIBLE
@OPTOMETRIST	27	73 \$	1,432.40	\$ 19.62	.041 \$	53.05	\$.81
DIAGNOSTIC AND ANC. PROCED	9	9	331.27	36.81	.005	36.81		.19
EYE APPLIANCES	21	61	1,021.67	16.75	.035	48.65		.58
OTHER OPTOMETRIC SERVICES	2	3	79.46	26.49	.002	39.73		.04
@CHIROPRACTOR	1	1 \$	16.72	\$ 16.72	.001 \$	16.72	Ś	.01
VISITS	1	1	16.72	16.72	.001	16.72		.01
OTHER SERVICES	0	0	.00	.00	.000	.00		.00
@PODIATRIST	28	29 \$	164.91	\$ 5.69	.016 \$	5.89	Ś	.09
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	т.	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00		.00
OTHER	28	29	164.91	5.69	.016	5.89		.09
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$		\$.00
NURSE ANESTHESIST	1	1 \$	3.52	\$ 3.52	.001 \$	3.52	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	136	940 \$	47,861.14	\$ 50.92	.532 \$		\$	27.10
HOSP INPATIENT TOTAL	11	15	30,025.83	2001.72	.008	2729.62	Ÿ	17.00
HSC HOSPITALS	3	10	14,072.00	1407.20	.006	4690.67		7.97
NON-HSC HOSPITAL TOTAL	2	5	11,156.97	2231.39	.003	5578.49		6.32
ACCOMMODATIONS	2	5	3,084.30	616.86	.003	1542.15		1.75
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.003	.00		.00
	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	2	5	3,084.30	616.86	.003	1542.15		1.75
ALL OTHER ACCOM	2	0		.00	.000			4.57
ANCILLARIES	6	0	8,072.67 4,796.86	.00		4036.34 799.48		2.72
INPATIENT CROSSOVERS	0	-			.000			
ALL OTHER INPATIENT	-	0	.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	128	925	17,835.31	19.28	.524	139.34		10.10
MEDICAL	16	25	645.79	25.83	.014	40.36		.37
SURGERY	8	11	348.56	31.69	.006	43.57		.20
PATHOLOGY	47	202	3,192.78	15.81	.114	67.93		1.81
RADIOLOGY	24	35	2,827.05	80.77	.020	117.79		1.60
ROOM USE	53	71	2,619.02	36.89	.040	49.42		1.48
CROSSOVERS/ALL OTH OUTPTNT	71	581	8,202.11	14.12	.329	115.52	<u>^</u>	4.64
@COUNTY HOSPITAL TOTAL	1	1 \$	33.00	\$ 33.00	.001 \$		\$.02
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	-	.00	.00	.000	.00		.00
ACCOMMODATIONS	-	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	U	.00	.00	.000	.00		.00
ALL OTHER ACCOM	Ü	U	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	1	1	33.00	33.00	.001	33.00		.02
MEDICAL	Ü	U	.00	.00	.000	.00		.00
SURGERY	U	Ü	.00	.00	.000	.00		.00
PATHOLOGY	Ü	U	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	1	1	33.00	33.00	.001	33.00		.02
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV M	EDI-CAL SERVIC	ES AND EXPENDITURES MOI	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	UU4 THRU DE	2004	PAGI	E 9,915

MOP024 FEE-FOR-SERVICE/DENTAL
PLACER COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL 03/14/05

PLACER COUNTY	SUMMARY OF SERVI	CES FOR CRAIG CASE	ES- TOTAL IN PA-TOT	ľAL	34037		CE.
1,766 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	ATTEDACE COCH	MON		GE COST PER
1,/00 ELIGIBLES	USERS		EXPENDITURES	AVERAGE COST PER UNIT/DAY			
@COMMUNITY HOSPITAL TOTAL	1 3 5	OR DAYS OF CARE 939 \$	47 000 14	\$ 50.94	.532 \$	USER	ELIGIBLE \$ 27.08
GCOMMUNITY HOSPITAL TOTAL	135		47,828.14	·	•		•
COMM HOSP INPATIENT TOTAL	11	15 10 5 5 0 0 0 0 0 924 25	30,025.83	2001.72	.008	2729.62	17.00
HSC HOSPITALS	3	10	14,072.00	1407.20	.006	4690.67	7.97
NON-HSC HOSPITALS TOTAL	2	5	11,156.97		.003	5578.49	6.32
ACCOMMODATIONS	2	5	3,084.30	616.86	.003	1542.15	1.75
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	5	3,084.30	616.86	.003	1542.15	1.75
ANCILLARIES	2	0	8,072.67	.00	.000	4036.34	4.57
INPATIENT CROSSOVERS	6	0	4,796.86	.00	.000	799.48	2.72
ALL OTHER INPATIENT	0	0	.00		.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	127	924	17,802.31		.523	140.18	10.08
MEDICAL	16	25	645.79	25.83	.014	140.10	.37
SURGERY	8	11	348.56		.006	40.36 43.57	.20
	8			31.69			
PATHOLOGY	4 /	202	3,192.78	15.81	.114	67.93	1.81
RADIOLOGY	24	35	2,827.05	15.81 80.77 36.94	.020	117.79	1.60
ROOM USE	52	70	2,586.02		.040	49.73	1.46
CROSSOVERS/ALL OTH OUTPTNT		581	8,202.11	14.12	.329	115.52	4.64
@STATE HOSPITAL	()	0 \$.00		.000 \$		
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0 0 153 1	0	.00	.00	.000	.00	.00
@NURSING FACILITY	153	4,221 \$	524,443.26	\$ 124.25	2.390 \$	3427.73	\$ 296.97
LEV A-INTERMEDIATE	1	36	1,834.39	50.96	.020	1834.39	1.04
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.000	.00	.00
	•	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B TRANSTITIONAL IF CARE LEV B-REGULAR	152	4,185	522,608.87	124.88	2.370	3438.22	295.93
@INTERMEDIATE CARE FACILDD	0 0 152 16	4,185	89,096.73	\$ 200.22		5568.55	
		0					
ICF DDH	U	•	.00		.000	.00	.00
ICF DD	U	0	.00	.00	.000	.00	.00
ICE DDN/DDCN	16	445	89,096.73	200.22	.252	5568.55	50.45
@HEMODIALYSIS TOTAL	15	17 \$	5,191.33	\$ 305.37		346.09	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	15	17	5,191.33	305.37	.010	346.09	2.94
ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY	1	1 \$	110.17	\$ 110.17	.001 \$	110.17	\$.06
HOSPITAL BASED	1	1	110.17	110.17	.001	110.17	.06
HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	21	111 \$	1,187.92	\$ 10.70	.063 \$		\$.67
PATHOLOGY	21	111	1,187.92	10.70	.063	56.57	.67
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
GORGANIZED OUTPATTENT CLINIC	74	142 \$	16,011.61		.080 \$		
CLINIC CLINIC	2	15	200.66	13.38	.008	100.33	.11
	1	5					.10
SURGICENTER HEROIN DETOX CLINIC	1	9	181.21 104.85	36.24 11.65	.003	181.21 104.85	.10
RURAL HEALTH CLINIC	70	113	15,524.89	137.39	.064	221.78	8.79
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 9,916
MOP024	FEE-FOR-SERVICE/						03/14/05
PLACER COUNTY	SUMMARY OF SERVI	CES FOR CRAIG CASE	ES- TOTAL IN PA-TOT	ΓAL			
					MON		
1 766 77 70 77 70	TIGER	INITED OF OFFITTOR		TITEDICE COOK	TINTERO / DAVIO	COOM DED	COCH DED

1,766 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

	OR	DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	188	6 , 070	\$	33,009.76	\$ 5.44	3.437	\$ 175.58	\$ 18.69
DURABLE MED. EQUIP.	7	24		598.47	24.94	.014	85.50	.34
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	47	2,300		7,468.53	3.25	1.302	158.90	4.23
AMBULANCES/AIR TRANS	12	90		1,609.07	17.88	.051	134.09	.91
OTHER TRANS	34	2,182		5,842.76	2.68	1.236	171.85	3.31
OTHER SERVICES	2	28		16.70	.60	.016	8.35	.01
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	4	76		5,288.08	69.58	.043	1322.02	2.99
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	30	69		766.64	11.11	.039	25.55	.43
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	1	3		81.00	27.00	.002	81.00	.05
PROSTHETIST/ORTHOTISTS	1	2		45.98	22.99	.001	45.98	.03
PROSTHETICS	1	2		45.98	22.99	.001	45.98	.03
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	27	100		4,964.89	49.65	.057	183.88	2.81
HOSPICE SERVICES	3	71		8,196.29	115.44	.040	2732.10	4.64
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	38	931		3,745.22	4.02	.527	98.56	2.12
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	41	2,494		1,854.66	.74	1.412	45.24	1.05
@CALIF. CHILDREN SERVICES*	12	55	\$	6,066.13	\$ 110.29	.031	\$ 505.51	\$ 3.43
@XOVER EXCLUDING STATE HOSP**	226	1,588	\$	43,827.60	\$ 27.60	.899	\$ 193.93	\$ 24.82

DEB HINTT/DAY DEB ELTC

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OR DAVS OF CARE

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,917 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 PLACER COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

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						MON	ITHLY AVERA	GE
252,533 ELIGIBLES	USERS	UNITS OF SERVICE	Ε	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	Ε		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	147,479	2,453,037	\$	90,075,788.10	\$ 36.72	9.714	610.77	\$ 356.69
@PHYSICIANS SERVICES	53 , 193	141,304	\$	6,208,079.41	\$ 43.93	.560	116.71	\$ 24.58
OUTPATIENT VISITS	36 , 138	49,734		1,890,260.19	38.01	.197	52.31	7.49
OFFICE VISITS	25,308	32 , 857		1,042,950.07	31.74	.130	41.21	4.13
HOME VISITS	124	132		4,802.71	36.38	.001	38.73	.02
EMERGENCY ROOM	7 , 556	8,819		480,536.57	54.49	.035	63.60	1.90
PREVENTIVE CARE	16	16		789.09	49.32	.000	49.32	.00
OB VISITS/COMPRE PERI	2,305	3 , 850		262,750.57	68.25	.015	113.99	1.04
OTHER OUTPATIENT	3,654	4,060		98,431.18	24.24	.016	26.94	.39
INPATIENT VISITS	2 , 537	9,308		534,312.69	57.40	.037	210.61	2.12
HOSPITAL VISITS	2,251	7,470		325,958.39	43.64	.030	144.81	1.29
CRITICAL CARE	196	1,522		198,028.15	130.11	.006	1010.35	.78
SNF/ICF/TRANS IP CARE	220	316		10,326.15	32.68	.001	46.94	.04
OPHTHALMOLOGICAL SERVICES	452	584		22,894.40	39.20	.002	50.65	.09
EXAMINATIONS	442	571		22,589.76	39.56	.002	51.11	.09
SERVICES AND MATERIALS	13	13		304.64	23.43	.000	23.43	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	2,161	9,640		1,271,612.33		131.91	.038		588.44		5.04
PRINCIPAL SURGEON	1,453	1,769		1,030,913.48		582.77	.007		709.51		4.08
ASSISTANT SURGEON	281	277		52,256.22		188.65	.001		185.97		.21
ANESTHESIOLOGIST	816	7,594		188,442.63		24.81	.030		230.93		.75
OUTPATIENT SURGERY	3,618	7,498		577,198.34		76.98	.030		159.54		2.29
PRINCIPAL SURGEON	3,135	4,054		480,110.74		118.43	.016		153.15		1.90
ASSISTANT SURGEON	39	40		4,514.49		112.86	.000		115.76		.02
ANESTHESIOLOGIST	740	3,404		92,573.11		27.20	.013		125.10		.37
DIALYSIS	101	347		32,005.87		92.24	.001		316.89		.13
PATHOLOGY	3,965	6 , 078		90,031.73		14.81	.024		22.71		.36
RADIOLOGY	10,048	17,061		963,639.77		56.48			95.90		3.82
PSYCHIATRY	315	348		11,631.79		33.42	.001		36.93		.05
IMMUNIZATION AND INJECTION	1,248	5,625		166,054.17		29.52	.022		133.06		.66
OTHER SERVICES/ALL X-OVERS	11,239	35,081		648,438.13		18.48	.139		57.70		2.57
@PHARMACY	92,471	1,141,027	\$	29,128,980.03	\$	25.53	4.518		315.01	\$	115.35
PRESCRIPTION DRUGS	91,378	338,208		27,139,117.78		80.24	1.339		297.00		107.47
SNF/ICF	8,216	54,568				56.26	.216		373.66		12.16
OUTPATIENTS	83,611	283,640		3,069,976.45 24,069,141.33 1,989,862.25		84.86	1.123		287.87		95.31
MEDICAL SUPPLIES	6,212	802,819		1,989,862.25		2.48	3.179		320.33		7.88
@DENTIST	12,897	58 , 927	\$	1,991,687.51		33.80	.233	\$		\$	7.89
VISITS - DIAGNOSTIC	9,345	39,936		591,356.91		14.81	.158		63.28		2.34
ORAL SURGERY	1,775	3,769		194,178.80		51.52	.015		109.40		.77
DRUGS	446	476		10,670.00		22.42	.002		23.92		.04
ANESTHESIA	26	27		2,650.00		98.15	.000		101.92		.01
PERIODONTICS	261	289		29,893.30		103.44	.001		114.53		.12
ENDODONTICS	1,033	1,846		302,017.64		163.61	.007		292.37		1.20
RESTORATIVE DENTISTRY	3,829	10,057		584,562.61		58.12	.040		152.67		2.31
PROSTHETICS	78	82		2,298.50		28.03	.000		29.47		.01
DENTURES, STAYPLATES	615	1,586		224,588.00		141.61	.006		365.18		.89
SPACE MAINTAINERS	84	108		11,298.00		104.61	.000		134.50		.04
MAXILLOFACIAL SERVICES	16	17		6,657.13		391.60	.000		416.07		.03
FRACTURES, DISLOCATIONS	1	1		700.00		700.00	.000		700.00		.00
ORTHODONTIC SERVICES	287	388		28,941.62		74.59	.002		100.84		.11
ALL OTHER SERVICES	364	345		1,875.00		5.43	.001		5.15		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITU	RES M	ONTH-OF-PAYMENT R	EPORT	FOR JAN	2004 THRU	DEC	2004	Р	AGE 9,918
MOP024	FEE-FOR-SERVICE	E/DENTAL									03/14/05
PLACER COUNTY	SUMMARY OF SER	VICES FOR TOTAL (CERTI	FIED							
							M	IONT	HLY AVERA	GE.	
252,533 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVE	RAGE COS	T UNITS/DAY	S (COST PER		COST PER

252,533 ELIGIBLES	USERS	UNITS OF SERVICE	<u>C</u>	EXPENDITURES	AV.	ERAGE COST	UNITS/DAY	S	COST PER	COST PER
		OR DAYS OF CAR	2		PE:	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	3,454	9,404	\$	210,129.70	\$	22.34	.037	\$	60.84	\$.83
DIAGNOSTIC AND ANC. PROCED	1,933	2,007		84,402.82		42.05	.008		43.66	.33
EYE APPLIANCES	2,467	6 , 939		112,667.98		16.24	.027		45.67	.45
OTHER OPTOMETRIC SERVICES	306	458		13,058.90		28.51	.002		42.68	.05
@CHIROPRACTOR	444	731	\$	12,104.19	\$	16.56	.003	\$	27.26	\$.05
VISITS	435	719		11,938.08		16.60	.003		27.44	.05
OTHER SERVICES	9	12		166.11		13.84	.000		18.46	.00
@PODIATRIST	1,699	2,259	\$	32,094.80	\$	14.21	.009	\$	18.89	\$.13
MEDICINE/INJECTIONS	291	337		11,730.74		34.81	.001		40.31	.05
SURGERY/ANES.	19	23		2,776.49		120.72	.000		146.13	.01
RADIO./PATHOLOGY	12	15		269.06		17.94	.000		22.42	.00
OTHER	1,409	1,884		17,318.51		9.19	.007		12.29	.07
@HOME HEALTH AGENCY	498	28,474	\$	922,108.32	\$	32.38	.113	\$	1851.62	\$ 3.65
NURSE ANESTHESIST	18	192	\$	969.47	\$	5.05	.001	\$	53.86	\$.00
NURSE MIDWIFE	21	154	\$	5,890.99	\$	38.25	.001	\$	280.52	\$.02
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	92	250	\$ 6,064.11	\$ 24.26	.001	\$ 65.91	\$.02
@TOTAL HOSPITAL	22,630	119,467	\$ 15,622,334.80	\$ 130.77	.473	\$ 690.34	\$ 61.86
HOSP INPATIENT TOTAL	2,448	9,294	12,927,609.13	1390.96	.037	5280.89	51.19
HSC HOSPITALS	1,439	6 , 378	8,202,350.19	1286.04	.025	5700.03	32.48
NON-HSC HOSPITAL TOTAL	635	2,916	4,335,170.52	1486.68	.012	6827.04	17.17
ACCOMMODATIONS	635	2,916	1,619,277.81	555.31	.012	2550.04	6.41
ADMINISTRATIVE DAYS	4	25	5,666.72	226.67	.000	1416.68	.02
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	631	2,891	1,613,611.09	558.15	.011	2557.23	6.39
ANCILLARIES	635	0	2,715,892.71	.00	.000	4277.00	10.75
INPATIENT CROSSOVERS	403	0	390,088.42	.00	.000	967.96	1.54
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	21,054	110,173	2,694,725.67	24.46	.436	127.99	10.67
MEDICAL	2,839	4,431	181,314.61	40.92	.018	63.87	.72
SURGERY	1,827	2,156	78 , 384.06	36.36	.009	42.90	.31
PATHOLOGY	7,847	36 , 202	379 , 840.06	10.49	.143	48.41	1.50
RADIOLOGY	4,566	6 , 796	518 , 305.67	76.27		113.51	2.05
ROOM USE	12,545	16,431	607 , 261.95	36.96	.065	48.41	2.40
CROSSOVERS/ALL OTH OUTPINT	8,899	44 , 157	929 , 619.32	21.05	.175	104.46	3.68
@COUNTY HOSPITAL TOTAL	76	436	\$ 84,600.27	\$ 194.04	.002	\$ 1113.16	\$.34
CO HOSPITAL INPATIENT TOTAL	9	95	73 , 947.58	778.40	.000	8216.40	.29
HSC HOSPITALS	5	15	18,634.02	1242.27	.000	3726.80	.07
NON-HSC HOSPITALS TOTAL	4	80	55,313.56	691.42	.000	13828.39	.22
ACCOMMODATIONS	4	80	18,504.00	231.30	.000	4626.00	.07
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	80	18,504.00	231.30	.000	4626.00	.07
ANCILLARIES	4	0	36,809.56	.00	.000	9202.39	.15
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	68	341	10,652.69	31.24	.001	156.66	.04
MEDICAL	22	32	1,065.04	33.28	.000	48.41	.00

SURGERY	15	22	984.01	44.73	.000	65.60	.00
PATHOLOGY	28	123	2,276.61	18.51	.000	81.31	.01
RADIOLOGY	5	6	285.39	47.57	.000	57.08	.00
ROOM USE	43	80	3,956.52	49.46	.000	92.01	.02
CROSSOVERS/ALL OTH OUTPINT	29	78	2,085.12	26.73	.000	71.90	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU	DEC 2004	PAGE 9,919
MOP024	FEE-FOR-SERVICE/DE	NTAL					03/14/05
PLACER COUNTY	SUMMARY OF SERVICE	S FOR TOTAL CER	TIFIED				

PLACER COUNTY	SUMMARY OF SER	VICES FOR TOTAL CE	RTTF	TED					03/14/03
121021 000111	001111111111111111111111111111111111111			122		MOI	NTHLY AVERA	AGE	
252,533 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	22,561		\$		\$ 130.54	.471	\$ 688.70	\$	
COMM HOSP INPATIENT TOTAL	2,440	9,199		12,853,661.55	1397.29	.036			50.90
HSC HOSPITALS	1,435	6 , 363		8,183,716.17	1286.14	.025	5702.94		32.41
NON-HSC HOSPITALS TOTAL	631	2,836		4,279,856.96	1509.12	.011			16.95
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	631	2 , 836		1,600,773.81	1286.14 1509.12 564.45 226.67	.011	2536.88		6.34
ADMINISTRATIVE DAYS	4	25		5 , 666.72	226.67	.000	1416.68		.02
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	0	25 0 2,811		.00	.00 567.45 .00	.000	.00		.00
ALL OTHER ACCOM	627	2,811		1,595,107.09	567.45	.011	2544.03		6.32
ANCILLARIES	631	0		2,679,083.15	.00	.000	4245.77		10.61
INPATIENT CROSSOVERS	403	0 0 109,832		390,088.42	.00	.000	967.96		1.54
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	20,992	109,832		2,684,072.98	24.44	.435	.00 127.86 63.99 42.72		10.63
MEDICAL	∠ , 81/	4,399		180,249.57	40.98	.017	63.99		.71
SURGERY	2,817 1,812	2,134		77,400.05	36.27	.008	42.72		.31
PATHOLOGY	7,820	36 , 079		377,563.45	10.46	.143	48.28 113.55		1.50
RADIOLOGY	4,562	6 , 790		518,020.28	76.29	.027	113.55		2.05
ROOM USE	12,505	16 , 351		603,305.43	36.90	.065	48.25		2.39
SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	8,873	44,079		2,679,083.15 390,088.42 .00 2,684,072.98 180,249.57 77,400.05 377,563.45 518,020.28 603,305.43 927,534.20 191,328.28	21.04	.175	104.53		3.67
@STATE HOSPITAL	12	366	\$	191,328.28	\$ 522.75	.001	\$ 15944.02	\$.76
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	12	366		.00 191,328.28 25,281,631.81 76,009.34 74,580.80 14,286.48 445,975.65 .00 24,670,779.54 2,630,356.49 715,024.26	.00 522.75	.001	15944.02		.76
@NURSING FACILITY	7,987	253 , 516	\$	25,281,631.81	\$ 99.72	1.004	\$ 3165.35	\$	100.11
LEV A-INTERMEDIATE	44	1,347		76,009.34	56.43	.005	1727.49		.30
LEV B-REHAB MD	23	784		74,580.80	95.13	.003	3242.64		.30
LEV B-SUBACUTE FREESTANDING	2	39		14,286.48	366.32	.000	7143.24		.06
LEV B-SUBACUTE HSPTL BASED	22	821		445,975.65	543.21	.003	20271.62		1.77
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	7,898	0 250,525		24,670,779.54	98.48	.992	3123.67		97.69
@INTERMEDIATE CARE FACILDD	468	14,255	\$	2,630,356.49	\$ 184.52	.056	\$ 5620.42	\$	10.42
ICF DDH	149	4,525		715,024.26	158.02	.018	4798.82		2.83
@INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS	0	0		715,024.26 .00 1,915,332.23	.00	.000	.00		.00
ICF DDN/DDCN	319	9,730		1,915,332.23	196.85	.039	6004.18		7.58
@HEMODIALYSIS TOTAL	475		\$	539 , 889.30	\$ 55.34	.039	\$ 1136.61	\$	
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	475	9 , 756		539,889.30 11,872.95	55.34	.039	1136.61		2.14
@REHABILITATION FACILITY	92	467	\$	11,872.95	\$ 25.42 31.93	.002	\$ 129.05	\$	
HOSPITAL BASED	75	279		8,907.14	31.93	.001	118.76		.04
INDEPENDENT FACILITY	17	188		2,965.81	15.78	.001	174.46		.01
@LABORATORY FACILITY	9,934	•	\$	428,547.38	\$ 13.37 13.42 5.59	.127		\$	1.70
PATHOLOGY	9,860	31,848		427,440.65	13.42	.126			1.69
NO THE OTHER	, ,	198		1,106.73	5.59	.001	14.96		.00
@ORGANIZED OUTPATIENT CLINIC		26,294	\$	3,062,983.12	\$ 116.49	.104	\$ 228.58	\$	
CLINIC	2,673	8,685		279,577.83	32.19	.034	104.59		1.11
SURGICENTER	376	1,694		74,793.66	44.15	.007			.30
HEROIN DETOX CLINIC	6	81		1,003.18	12.38	.000	167.20		.00

RURAL HEALTH CLINIC 10,478 15,834 2,707,608.45 171.00 .063 258.41 10.72 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 9,920 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 PLACER COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

PLACER COUNTY	SUMMARY OF SER	VICES FOR TOTAL	CERTI	LFIED				
							NTHLY AVERA	-
252,533 ELIGIBLES	USERS	UNITS OF SERVIO		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CAR			PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	15 , 621	614,148	\$	3,788,735.44	\$ 6.17	2.432	•	•
DURABLE MED. EQUIP.	1,211	4,577		495,840.51	108.33	.018	409.45	1.96
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	61	70		20,042.72	286.32	.000	328.57	.08
MEDICAL TRANSPORTATION	2,742	116,349		577 , 312.98	4.96	.461	210.54	2.29
AMBULANCES/AIR TRANS	1,470	12 , 550		213,920.25	17.05	.050	145.52	.85
OTHER TRANS	1,258	103,370		314,198.59	3.04	.409	249.76	1.24
OTHER SERVICES	119	429		49,194.14	114.67	.002	413.40	.19
ACUPUNCTURE	44	139		2,458.61	17.69	.001	55.88	.01
ADULT DAY HEALTH CARE CTR	1,004	15 , 278		1,059,753.83	69.36	.060	1055.53	4.20
GENETIC DISEASE TESTING	478	479		50,295.00	105.00	.002	105.22	.20
IHMC, MODEL-NF, NF, AIDS, MSSP	301	5,608		237,363.79	42.33	.022	788.58	.94
OCCUPATIONAL THERAPIST	24	391		2,092.15		.002	87.17	.01
OPTICIAN	2,559	5 , 570		57,945.61	10.40	.022	22.64	.23
PHYSICAL THERAPIST	14	88		1,296.26	14.73	.000	92.59	.01
PORTABLE X-RAY	209	356		1,320.43	3.71	.001	6.32	.01
PROSTHETIST/ORTHOTISTS	163	370		44,896.74	121.34	.001	275.44	.18
PROSTHETICS	163	370		44,896.74	121.34	.001	275.44	.18
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	44	95		3,425.33	36.06	.000	77.85	.01
SPEECH AND AUDIOLOGY	1,462	5 , 703		257,439.15	45.14	.023	176.09	1.02
HOSPICE SERVICES	138	3 , 395		399,604.86	117.70	.013	2895.69	1.58
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,808	62 , 874		299,639.23	4.77	.249	106.71	1.19
EPSDT SUPPLEMENTAL SERVICE	12	917		26 , 968.79	29.41	.004	2247.40	.11
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3,427	391 , 889		251,039.45	.64	1.552	73.25	.99
@CALIF. CHILDREN SERVICES*	1,578	66,963	\$	3,984,803.09	\$ 59.51	.265	\$ 2525.22	\$ 15.78
@XOVER EXCLUDING STATE HOSP**	12,438	114,833	\$	1,786,884.03	\$ 15.56	.455	\$ 143.66	\$ 7.08

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.